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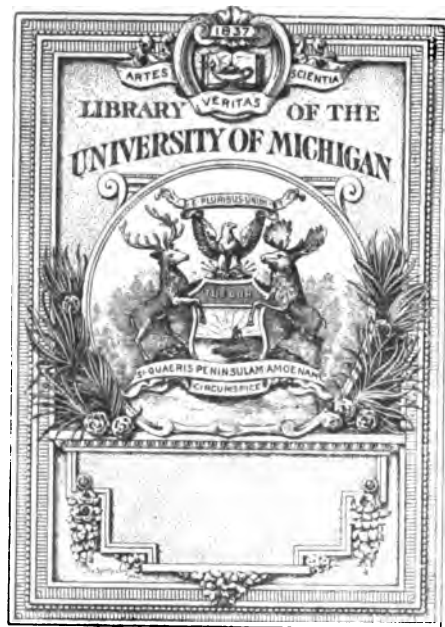
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Denver Medical Times and Utah Medical Journal

VOLUME XXXI

JULY, 1911

NUMBER 1

MENTAL INFLUENCE IN DIGESTION.

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The attitude of the medical profession towards psychology is changing so rapidly that it is not now necessary to apologize or explain when one introduces a discussion upon this subject. When I began to study physiology some thirty-five years ago, the mention of any theory that suggested vitalism was tabooed, while a reference to mental activity as influencing physical life was looked upon as dangerous and unscientific. As a consequence, theories that were inexplicable in chemico-physical language were avoided, and many words asserted to be founded upon purely natural laws (as if natural laws were not the ultimate explanation of all phenomena) came into vogue, which were supposed by their application to give some explanation of even the most complex of cell functions. Thus, we came to use such words as inheritance, instinct, habit, automatism, reflex, etc., as the final explanation of many phenomena. When we stop for a moment to consider what such terms really mean, we find we are investigating phenomena which, though they may be cell functions, are cell functions which we cannot explain in any known chemico-physical terms. When, for instance, we say that the primordial cell, upon fecundation, multiplies itself and reproduces the parent organism through inherited instinct, do we mean that this cell, under the direction of its memory (or some analogous phenomenon) repeats the life of its progenitors, but always with such modifications as their experience and its own environment enjoin? And when we

recognize this activity, no matter what name we give to the phenomena, and admit the fact of its power of modification, we are practically admitting mind as that puzzling something is generally understood. And the same with habit. Habit is simply the fixing of memory, through repetition, while automatism is the ability, through habit, to perform acts without referring them to higher centers for direction and control. Indeed, the terms life, mind and memory are so closely associated that they are often almost interchangeable; and, if modification in reproduction implies "choice," there can be no evolution without mentality. The individual cell is the essential element in physiology, as it is in anatomy. The fact that in cell multiplication, special functions become marked in certain groups and classes of cells, in no way dispossesses each cell of its individuality. But as unity is essential to complete personality, it is necessary that the closest co-operation and co-ordination be developed and maintained between these cells as they are multiplying and building up the entire organism. Hence, we find connecting and controlling centers being established, series above series; the elaboration of the controlling and connecting apparatus being directly proportionate to the elaboration of the complete mechanism to be controlled. And as through differentiation each separate function necessary to the complete organism becomes the special life office of a distinct group or class of cells, the same active and constant co-operation and

co-ordination between these functions is essential to the ideal working of the whole. As the strength of a chain is as the strength of its weakest link, so the disorganization or disassociation of a single cell proportionately disorganizes the entire mechanism, and should an entire function be affected, how much more will the physiological equilibrium be destroyed.

We can assign many of the functions of the animal body to distinct classes or groups of cells, and often to a distinct anatomical organ. Thus we have a fair working knowledge of the physiological anatomy of the entire digestive tract. But the exact location of the exercise of several of the most delicate functions has not yet been discovered.

Since we have come to realize how absolutely life is a conflict, and that the individual is exposed on all sides to living, active enemies, we fully realize that there must be a thoroughly organized function for defense and conflict. Organization and cooperation are found everywhere else, so must be here also. I need not remind you of the newer acquired knowledge in immunity and prophylaxis. Trophic energy has long been recognized. There are not only cells active in the performance of these functions, but there must be centers bringing these activities into order and under control.

Consciousness is that phenomenon of mind through which we seem to be able to most effectually react to our environment. We all know what we mean by consciousness, but we can give no satisfactory definition or explanation of it. As I understand the term, consciousness is the most highly evolved recognized function of the mind, but the terms, mind and consciousness, are neither synonymous nor co-extensive. The popular attitude is to believe that consciousness functions through the activity of certain anatomical cells in a way analogous to better understood physiological phe-

nomena, but we do not yet know the location of these cells, though we are disposed to believe them to be very closely connected with the higher centers of the special senses, with the delicate apparatus of the finer associations, and the higher mechanism of co-operation and co-ordination.

If such centers exist, it is reasonable to assume that in this elaborate co-ordinating system they dominate the centers controlling the purely physical machinery, such as alimentation and similar functions, as well as those controlling trophic, recuperative and prophylactic energy.

For the purpose of this discussion, all we need is to consider that consciousness is a physiological function, and probably the most important one, as with it we associate ideation, volition, feeling, emotion, and all the higher psychic phenomena. Being, probably, the first of the chain of physiological activities, its condition most influences the condition of the other physiological functions, and as a consequence, if consciousness becomes disturbed and confused or distorted, other physiological functions likewise become disturbed and disorganized, for the perfect co-ordination of function necessary to normal health will have become dissociated.

As we have already said, mind is a much broader term than consciousness. And it is now very generally admitted that mental activity extends far beyond the field of consciousness. Indeed, if you agree in the already expressed ideas, you will agree that consciousness contains a very small part of our mental activity.

The extent to which the theory of unconscious mental activity is accepted may be inferred from the following quotation from a recent article (by Dr. Coriat, *Journal of Abnormal Psychology*, Vol. VI., No. 1, p. 40); the author, arguing from the phenomena presented by a stated case, says:

"The data furnished by the analysis of this case also demonstrated that the most complex active thinking processes influencing the entire psycho-physical life, might occur without the subject becoming aware of them. This is certainly a most convincing argument against those who hold that the subconscious is purely a physiological process unaccompanied by any mentation whatever."

That states of consciousness do materially affect physiological conditions you will admit, from the lessons of your daily experience. Thus with digestion, we all expect that, generally speaking, the happy man will have a good digestion; the morbid man a bad digestion. Joy stimulates alimentation. Sorrow inhibits it. He who with a constant introspection analyzes the digestion constantly arouses the fear of inability for special functionation. This fear soon becomes an established complex. One never expects to successfully digest an article of diet that one habitually asserts is indigestible. A disgusting idea stops digestion, a disagreeable smell nauseates, and so on with unlimited examples.

In fact, a normally active, undisturbed mind, free from all worry and depression, is the condition in which we usually expect to find a perfect digestion. And not only is this true in the main, but in the particular details of action and secretion. The secretory cells of digestion do their work just as we, knowingly or unknowingly, influence them through consciousness. Our mouths will often water at the very thought of a desired morsel, while food taken with a feeling that it is indigestible or distasteful will seldom be satisfactorily digested.

The Pawlow experiments demonstrate that the digestive secretions are directed and controlled absolutely by the mental state.

Does it not then seem almost absurd to regulate the diet according to the

condition of the digestive secretions? Would it not be more rational to regulate the digestive secretions by correcting the wrong attitude of the controlling centers higher up?

Can this be done?

The practical clinical experience of almost everyone who has personally investigated this question is positively in the affirmative. If we can reach and direct the mental attitude of the patient we can correct disturbed digestion so long as the physiological apparatus of digestion be intact.

Consciousness is apparently the directing agent in mentality, so, if we can excite a favorable state in consciousness, we have the key for correcting defective physiological action. The means chosen to excite a state of consciousness favorable to perfect physiological action will vary as does the predilection and personal experience of the practitioner. If the controlling action of mind be recognized, some method of direction, persuasion or suggestion will be employed, but whatever the means employed, the desired result is apparently produced by the readjustment of the psychic elements making up the controlling complex. Thus injurious and disturbing energy gives place to normal physiological activity, and a passive condition of healthy, confident expectancy is aroused.

Did time allow, I would give you from my own experience, a large number of what would have seemed to me only a few years ago, astonishing cases. I shall briefly state the prominent features of a few of these, hoping that they will practically demonstrate the underlying truth of my thesis.

And what has been my experience has been a similar experience with everyone, as far as I can learn, who has patiently and conscientiously investigated along the same lines. The only conclusion that seems possible to me is that impaired physiological function means either defective or per-

verted central control, and that this can generally be corrected through mental re-education. (See article by Donley, *Journal Abnormal Psychology*, Vol. VI, No. 1, p. 1.)

Case I. Vigorous, active business men, exposed to unusual strain, involving worry and excitement, are especially apt to suffer from subacute digestive distress, due, apparently, to inhibition of the normal secretions. Feelings of fullness and weight in the abdomen follow the ingestion of food, and are often accompanied by acute pain, flatulence, nausea, headache, etc., etc. Such cases in men with an open, tractable mind, can generally be quickly relieved by correcting the mental attitude.

An old patient, aged thirty-five, an active business man, and fond of outdoor sports, suffered much from the symptoms stated, but was unrelieved by the usual routine therapeutics. He tried the mental treatment in a skeptical but interested attitude. After a few talks he met a friend, another old patient, down town, when the following conversation occurred and was reported to me:

Patient: "I thought I was pretty bad, and in for a siege, but to my astonishment the doctor has relieved me completely."

Friend: "Indeed! What did he give you?"

Patient: "Oh, just 'gab,' but I am quite well."

And his digestion has, I believe, remained good ever since that time.

Case 2. Is a lady over fifty, again an old patient. Her husband had been accidentally killed two years previously, and the nervous shock had told upon her severely. Distressing symptoms of disturbed digestion were unrelieved by my therapeutic resources, and my confreres giving special attention to these organs had no better success. I had told her of the mental treatment, with which I was then only beginning

to have a practical knowledge. At last she came back to me and asked me for this treatment. The pain and distress, she stated, were constant in her abdomen, and upon taking food became intense. She was almost sleepless, and her nervous exhaustion and emaciation were marked. She came to my office on a Wednesday for the first treatment. On Thursday afternoon she said she had slept better, and that her stomach gave her less distress. With other suggestions, I said she would digest her food so well that she would forget that she had a stomach. On Friday she came the picture of desolation. She stated that she was most miserable, but knew the reason. The past evening, for the first time since her husband's death, she had gone to a social gathering, and at a late hour had taken refreshment. She had gone home and spent a sleepless night, with a bad headache, which still continued. She spoke of everything but the abdominal distress, which had before been her chief complaint. After listening to her recital for some time, I innocently asked: "And how is your stomach?" An expression of inquiring surprise came over her face, and she answered quickly: "Why, my stomach is all right." And it was. And it has practically remained so for the four years that have since elapsed.

Case 3. Was a robust mine foreman about forty years of age. He came to me from the mountains in January, 1907. He had been ill, and was growing worse from week to week. On account of the distress produced in his stomach, he had ceased to take food entirely. The acute symptoms, fever, rapid, weak pulse, tenderness over the epigastrium, nausea, and intense pain on taking anything into the stomach, led me to suspect active organic lesion. I sent him to bed in St. Luke's hospital, and after a couple of talks placed him upon the Dubois graduated milk diet. He took it

without distress, and his improvement was rapid and steadily progressive. In eleven days he left the hospital, well, and eating a full diet. His digestion still continues good and he positively affirms that had he been placed on this milk diet at home he should never have been obliged to go to Denver.

Case 4. Called upon me October 27th, 1910. She had been going from one doctor to another for a long time, and was taking so much medicine that her druggist advised her to stop it, and suggested that she call me. Her age was forty, her color good, and she was fairly well nourished. She stated that she had never been robust, and had had digestive disorders for seven years. These had become very severe during the past eighteen months. She was having paroxysmal attacks, and her suffering was constant from pain and flatulence; diet was restricted, and although always hungry could take very little food and was never satisfied. Depression was great, and she was very miserable and unhappy in every way. During the past few weeks she had slept little and was very much disturbed by ringing in the ears. She stated that milk was poison to her, but after some explanation and persuasive insistence, I advised the graduated milk diet, and left her at about 12 o'clock, saying that at 1 o'clock she would take and enjoy three ounces of sweet milk, and repeat it again at 3; and that at 4 o'clock her husband would come and report to me that she had enjoyed the milk, and that she was comfortable and happy. He did so with an air of astonishment, and we continued the treatment. Progress was rapid and uninterrupted, and in a week she was taking and enjoying three good, satisfactory meals a day. And in about three weeks she pronounced herself perfectly well and happy, and still continues so.

Case 5. Also called me in October,

1910. She is about fifty, the mother of a grown family, and had been strong and robust in health until the fall of 1908. Severe dyspeptic symptoms then developed. In the spring of 1909 she was sent to a lower altitude on account of a weak, palpitating heart. Since the summer of 1908 she had been under special stomach treatment. In May, 1909, marked nervous symptoms developed that she ascribed to an overdose of strychnine, and since then she had been a nervous and dyspeptic invalid, up and down, constantly overwhelmed by fear and mental misery.

Improvement was so rapid under direct suggestive treatment that, in spite of my disapproval, she discontinued it after a few days, stating that she was well enough to go alone. I was called again in two weeks, to find her suffering from an acute attack, simulating a mild cerebral apoplexy, marked by a slight hemiplegia and a severe introspective terror. Improvement was satisfactory but somewhat slow. In about two months she again felt safe. Improvement, as I am informed, steadily continued, and she is now in her normal condition of health and has gained over twenty pounds in weight since mid-winter.

Case 6. Was most complicated and interesting. She was sent to me by Dr. Black in 1909. A severe introspective dyspepsia was complicated by a peculiar perverseness of taste and smell. One article of food after another had become to her so disgusting in taste and so offensive in odor that she had been obliged to exclude it from her diet. Milk was extremely offensive. After a few weeks' struggle she was persuaded to go to bed on a graduated milk diet. The result was fairly satisfactory, though slow, and she became practically well and has continued so.

Case 7. Presented himself to this society as a well man in November, 1908. He was reported killed by lightning in the following year. His case,

however, has so much instructive interest that I shall again review it. He had recovered in my care in St. Luke's hospital, in 1903, of an extreme emaciation and exhaustion, from pain, vomiting and starvation. The treatment had been the simplest, and as his symptoms had at first strongly suggested carcinoma, its satisfactory and rapid improvement had surprised me. I did not then fully grasp the meaning of these results.

During the afternoon of October 29th, 1908, I received word that an old man, a former patient of mine, had arrived at St. Luke's in a desperate condition and was awaiting me. I did not remember the man, and as I was unusually busy, could not see him until about 10 p. m. He then reminded me of his former recovery, and said that after it he had remained well until about two years previous, when his digestion again began to be disturbed. This had increased until two months before, when he had, by degrees, been obliged to give up all ordinary articles of food. Some two weeks before he had stopped everything but a little warm liquid, and during the past two days had been unable to swallow anything, even warm water. He described how his friends had brought him on a cot to the train from his ranch, and had said "Good-bye" with an expression that said it was the last. "Good-bye." "But," he said, "I knew that if I could live to get to Denver, and would find you here, I would get well, and when I did get here and they told me that you were coming to see me, I began at once to improve, and I have already had some rest." I responded to the cue. It was too late that night for any elaborate examination in the public ward. The thought came that the carcinoma that we had feared must have come, but I made no expression of misgiving, and standing quietly beside him, and laying my hand upon his abdomen, I said with that emphasis and repetition that

sounds so absurd to one unaccustomed and one uninterested: "You are a well man, comfortable, happy and free from pain and nausea. Your stomach is all right, your digestion perfect; you will rest quietly for an hour, sleep peacefully and gain strength. You are asleep. At 11 o'clock you will awaken refreshed and hungry, and will drink, and enjoy and digest three ounces of milk that the nurse will have here for you. And then you will sleep again. At 1 o'clock you will again drink three ounces of milk, and so on, and so on, taking nourishment every two hours until I shall see you again."

He responded to the letter. In the morning I found, practically, a well man. His milk was rapidly increased. Soon he took solid food, and in a few days was on regular full diet. Those of you who remember seeing him walk down the aisle of the old Academy of Medicine hall will recall that air that said so plainly: "I am not only well, but I am the proudest and happiest man in Colorado."

Case No. 8. Had features of even greater interest. I was called to see her on January 31st, 1907. My turn had come in due course, for she had called one physician after another, as friends suggested them, while she grew rapidly worse, month after month. I found her in a deplorable condition of physical exhaustion and mental distress. She lay huddled in a disarranged bed with every physical attitude and expression of misery. Any attempt to swallow food or liquid threw her at once into a peculiar unilateral convulsion of the muscles of the head, neck and shoulder, a strong and very painful spasmodic contraction of these muscles lasting a few seconds. She was starving, but would not attempt to take nourishment. I was a stranger and had to teach her that she had a mind, and that she could and would control her muscles and her digestion if she were only willing. It took patience,

confidence and determination, but she responded beautifully, and the graduated milk diet was again an effectual means to a satisfactory end. On the seventh day she cooked the food for her family, and on the tenth day she was eating three ordinary, regular meals herself. On the twelfth day she walked over a mile to my office for treatment, a well woman, and has had perfect digestion ever since. Did my allotted time allow, I should like to try and convince you that the rational and genuinely scientific treatment of other digestive disorders is through the re-education of nerve control.

Chronic constipation, even when in a measure due to organic disorder, can be remedied in many cases. Of course, the more automatic the habit has become the greater the difficulty of building up new counter automatisms. But, in youth, when the bad habit has not yet fully crystallized, and in those in whom a peculiar elasticity or openness of mind persists in adult years, you will obtain astonishing results. And so, in many conditions of diarrhoea. A German specialist informed a patient of mine suffering from nervous diarrhoea that he considered the rectum the one organ most subject to neurotic disturbances, and there is certainly truth in his belief. In spasmodic dis-

turbances, like hiccough, where there is no deep-seated habit, and perhaps a perverted nerve energy, the correction is usually immediate and complete. Vomiting often comes in this category.

I have not had much experience in the vomiting of pregnancy, but such as I have had, as well as theory and analogy, lead me to believe that the development of mental control is the most satisfactory and least objectionable mode of treatment.

I realize the deficiency and sketchiness of this report, but hope I have told you enough to rouse into activity the realization of these facts. You are each one of you constantly producing mental reactions in your patients. In a great majority of these cases you do not realize that you are so doing, but are ascribing the results to other causes than the mental attitude of the patient which you have indirectly helped him to attain.

Why should we hesitate to look things squarely in the face? Let us study the phenomena that continually occur under our observation and try to understand them. If we should each closely observe and carefully analyze these things, mental phenomena would soon pass from the realm of mystery to that of pure science.

THE FINANCIAL SIDE OF DENTISTRY.

REA P. MCGEE, M.D., D.D.S.,
Denver, Colo.

Dentistry today stands preeminent among the American professions. We are more distinctly American in our skill, cleverness and resource than are any of our contemporaries.

The degree of Doctor of Dental Surgery is the only degree conferred in this country that is recognized abroad.

Our present position is due entirely to our own efforts.

During the long years of patient struggle for recognition; from the foundation of the old Baltimore College until the World's Columbian Exposition, the medical profession did not see fit to give us a helping hand.

Since the early nineties we have been tolerated, then accepted, and now we are frequently invited to call ourselves a department of medicine.

We are a distinct, separate, and independent profession. Such, we have made ourselves, and such we shall remain.

Within the last few years the manufacturing druggists have attempted to attract our attention. Even the popular magazines are beginning to issue articles of especial interest to dentists. We have actually realized one of the dreams of Dr. Chapin A. Harris, in that dentistry has passed from the experimental and suppliant stage to the position of a firmly established and absolutely indispensable department of highly trained human endeavor.

The degree of civilization in any community is determined by its ability to support the dentist.

Dentistry is the only profession that has so far succeeded in uniformly restoring lost parts of the human anatomy to their natural function and appearance.

We have long since passed the period of wanton destruction of tissue and we are today the advance guard in the conservation of the human body.

Dentistry has undoubtedly contributed much to the increased length of life and more to the increased efficiency of the individual.

Our service to mankind not only prevents countless ills, but is the most potent means of effectually retarding the approach of that arch enemy of all forms of life, old age.

I have mentioned these things to you to indicate the importance of our position as a profession and to call to your minds the fact that when we perform a service, we are entitled, not to a gratuity, but to a fee.

In feudal times there were four classes of people: The nobility, the learned or professional class, the tradesman and the laborers. We will deal with the first three. In the middle ages the noble had in his retinue those who could contribute to his comfort and entertainment.

The pay that these retainers received was such as their lord chose to bestow upon them.

It was supposed to be graduated by their efficiency.

The physician, surgeon or dentist of those times could not presume to ask his superior to pay a certain amount of money for a certain service. He was a menial and must receive his compensation as a gift. The patient might demand the services of the professional man, but when the day of reckoning came, he could pay little, much or nothing as he chose.

The descendants of some of those cavaliers still encumber the earth.

The tradesman of the feudal era spent little time in the pursuit of knowledge but his pursuit of the coin was very successful.

The condition of the educated class was simply this: Their tastes and training were such as to render them inferior to the mercantile class in the capture of collateral, their birth was a bar to entering the nobility. Their contempt for business on the one hand and their worship of the nobility on the other hand resulted in the pernicious doctrine of art for art's sake, a doctrine which is still a burden to our calling.

In other words the educated man must labor for the love of labor. The consideration of a definite reward was beneath his dignity.

The difference between gratuity and alms is so slight as to be embarrassing.

So we come to the fee.

The decline of the nobility and the rise of the trading class caused old Dr. Educated Class to look around for his three meals a day. Owing to the fact that each man tried to hoard his little bit of knowledge, partly because he did not want the other fellow to find out what he knew and mainly because he did not want the other fellow to find out what he didn't know, the fee question as well as other matters of general

interest, was never discussed, so that the charge for professional service remained as much a mystery as the amount of the gratuity had been before.

With the advance from the selfish and uncommunicative isolation of the individual practitioner to the broader lines of professional association and the free exchange of ideas, dentistry became a real profession.

We became entitled to our fee.

What is a fee?

It is a price justly demanded for service well done.

The word comes from the Anglo-Saxon and means ox.

Before the extensive use of money in the older civilizations, cattle were used as a medium of exchange. Even today when we render a bill we sometimes got a "roast."

For some years we have spent much time in our society meetings and have devoted much space in our journals in the discussion of the perennial question of professional equality.

If equality means equal efficiency, can you name a lawyer, a preacher, or a physician whose percentage of successful cases can compare with that of the average dentist?

Can you name a department of knowledge that has been more thoroughly or completely explored than that of dentistry?

Do you know of any pursuit in which a technical knowledge of so many trades and professions is necessary?

Do you know of any other profession that is not crowded to the gunwales?

And finally can any member of this society name a profession that is so poorly paid?

Why are we so poorly paid?

Because we have inherited the ancient superstition that finance was commercialism and that commercialism was demoralizing.

We have lived in the vain hope that the "high-brows" and the "money-

bags" would both realize their obligations to us and would come through with the appreciation and remuneration in due time.

Due time has arrived.

She has come empty-handed.

I wish to again emphasize the fact that the position which we have so far attained has been the result of the energy within the profession, not the result of help from without.

The best army on earth couldn't win a battle without financial backing.

The brains, the training, the energy and the enthusiasm must be there, but the sinews of war are just as indispensable.

In our organization the departments of paymaster, quartermaster and commissary seem to be lacking. Everybody is on the firing line.

Our struggle for existence today is similar to that of our ancestors. They earned their living by the chase. The best hunter was he who could bring home the most game. The man who could regularly be depended upon to bring in the elephant, the buffalo, the elk and the deer was acclaimed a more successful nimrod than the highly trained expert who could shoot a sparrow in the eye at the top of a sycamore tree.

The money that we earn daily is just another form of game to take home at night.

Let us quit hunting with bird-shot. Let us get abreast of the accepted business ideas of our time.

Commerce is the giant that rules today like an international czar.

Have you noticed any of the honors of this commercial world descending upon the man who can merely earn a living?

I rather think not.

We measure each other by our intellectual attainments and professional skill; that is well enough.

The world measures us by our income.

It is time for her to add a few inches to her yard stick.

No man is rated at more than his own estimate of his worth.

There are many reasons why our financial rating is low.

The first is that we have not sufficient confidence in each other to say what we actually charge for a given operation.

Consequently our ideas of a proper charge are extremely hazy.

Second : We have labored under the delusion that there is competition between dentists; consequently we are sometimes afraid to ask what we really believe we are entitled to have, because the other fellow might be willing to do it for less.

Now, do you know of anything that is more stupidly commercial than that?

Do you know of anything more demoralizing to high ideas, more destructive to professional pride or more suicidal to the fellowship and confidence that should exist between us?

Third: We have failed to have sufficient foresight to ascertain our cost of production and to adjust our charges in accord with the increased cost of living.

We have failed to take into consideration the fact that every article we use in any way whatsoever is sold under a price agreement.

Competition is dead.

Too dead to skin.

The very word is becoming obsolete. Yet we still fear competition.

Do you know that if every dentist in America was exclusively employed eight hours each day in the removal of tartar deposits from the teeth of the American people, each inhabitant would receive about thirty-five minutes of dental service in a year.

How much tartar can you remove in thirty-five minutes?

Since figuring this out I have received a letter from the Bureau of Sta-

tistics in Washington, which has caused me to change my estimate.

I had figured on a basis of forty thousand dentists to one hundred million people.

The census of 1900 showed 29,676 dentists in the whole of the United States and its possessions.

The official reports for the 1910 census are not ready, but unofficial estimates based upon the decreased number of students and colleges, and the increased requirements for practice seem to indicate a decrease in the number of registered dentists of from five to twelve per cent. This would indicate nearer 25,000 than 40,000 dentists in America, so that we would be able to devote about twenty minutes to each inhabitant.

Do you think there could be much competition with approximately one dentist to every four thousand people.

The United States Government is jealous of its dignity, but I have never noticed your Uncle Samuel hesitating on that score about adjusting tariff rates.

It is up to us to make our own protective tariff.

We must do this primarily through the societies and secondarily through the colleges.

We must teach the graduating students that there is something better in the world for them than infirmity prices and the misleading price-lists in the advertising columns of the daily papers.

I would not detract one iota from the dignity of our profession, but rather, add to it a little more of the visible element of success.

Neither by all this do I mean to "gouge" the patient.

What I do mean is: Be fair to the patient, be fair to yourself, and be fair to each other.

Many a young fellow has left college with the best intentions in the world, with pride in his profession and none

but the kindest thoughts for his future patients.

He has tried to give the proper effort and material to each case until finding a deficit instead of a balance. He has first economized to the point of substitution on materials, and then has lowered his efforts to the point of gross incompetency.

Horace Greeley said: "The darkest hour in any man's career is that wherein he first fancies there is an easier way of gaining a dollar than by squarely earning it."

He might have added another dark hour for the man who reaches the realization that his own product is about the only one that sells below par.

Let us have a consensus of opinion upon the value of dental service in this community. Not a hard and fast price-list, but a basis upon which some estimate may be made.

I believe it would be advisable to appoint a committee of real live men who will ascertain from the college the cost of a dental education. From the supply houses the average cost of an office equipment with supplies. From each dentist his office expense, rents, losses from dead beat accounts, and then from those who have passed the feudal stage let the committee get a list of prices.

These data can be compared, conclusions drawn from them, recommendations made to the society and a free

discussion entered into, that will, I am sure, put new heart, new enthusiasm, and a new interest in our profession into many of our colleagues.

It will result in new equipment, new bank accounts, new investments, and in a new and full equality with the other learned professions.

Financial equality.

If each of you will do your part toward the honest and fair adjustment of the dental fee to the real worth of the service rendered, there will be more wives who will take pride in their husband's profession, more men who will buy books, and more boys who will follow in their father's footsteps.

Let us have more system in our work.

Victor Hugo said: "He who every morning plans the transactions of the day and follows out that plan, carries a thread that will guide him through the labyrinth of the most busy life. The orderly arrangement of his time is like a ray of light which darts itself through all his occupations. But where no plan is laid, where the disposal of time is surrendered merely to the chance of incidents, chaos will soon reign."

Let us cease our financial resemblance to the old lady, who when asked what she did with her time, said: "Well, sometimes I sit and think, and then sometimes I just sit."

605 Mack Block.

Denver Meeting of the American Surgical Association.

From a scientific standpoint, one of the most satisfactory meetings in the history of the American Surgical Association has just been held in Denver. Considering the distance traveled by a majority of the Fellows, the attendance was very good, many of the most prominent surgeons in the United States and Canada being present.

An excellent series of papers was presented, the majority of which were of exceptional scientific and practical interest. A delightful feature of the meeting, and one

of which Colorado should be proud, was the interest manifested by numbers of local physicians and surgeons, the hall being crowded with men from Denver and adjacent towns. Even in the large Eastern cities the outside attendance has seldom been greater, which certainly indicates the enthusiasm of the medical men of Colorado for their profession.

Much interest was aroused by the address of the President, Dr. Richard H. Harte of Philadelphia; and his suggestion that the

Fellows visit in a body the prominent foreign clinics, especially those of England, was received with approval. The advantages of such an excursion would be great, because the high standing of the association and the reputations of many of its individual members would secure privileges and courtesies not obtainable by individuals traveling alone, to say nothing of the promotion of mutual professional understanding which would result.

The address also dealt with the subject of fractures and voiced what seemed to be the conviction of a majority of the Fellows that operations upon recent fractures should not be done as a routine measure, but should be reserved for cases in which favorable results can not otherwise be obtained, and in which the operator and the surroundings are such that the ever-present dangers will be reduced to a minimum.

Mr. Harold J. Stiles, an eminent surgeon of Edinburgh, was the invited guest of the meeting. Every one was impressed with his modest and pleasing bearing, as well as with the surgical weight of his opinions. Among other things he acknowledged his indebtedness to America for many useful surgical "stunts," as he said he had learned to call them.

The principal subject for discussion was the question of anesthesia. It was agreed that the time had arrived when anesthetics should be given only by those skilled in their administration, except in cases of emergency; and that the older custom, so common in many hospitals, of turning the anesthetic over to the most inexperienced interne, should be emphatically discouraged. A number of Fellows were convinced, however, that there could be no objection to the employment of trained nurses for the purpose, providing they had received proper instruction, one or two even voicing the opinion that a woman usually made a better anesthetician than a man!

During the lengthy discussion, Mr. Stiles made the interesting statement that in his opinion the heavy mortality formerly attending operations for acute appendicitis in England has been largely due to the use of chloroform, which augmented intestinal sepsis. Since the substitution of ether this mortality had so decreased that he no longer feared even the worst cases.

The paper by Bevan, of Chicago, in which he summed up in a remarkably clear manner the whole question of anesthesia, was very well received, although his conclusion that spinal anesthesia was too dangerous

and should be definitely abandoned did not meet with universal acceptance, Ransohoff and others contending that it had a valuable place in a limited number of cases.

Bevan strongly advocated the increased use of nitrous acid gas whenever possible, on the grounds of safety, not only alone, but as a preliminary to the administration of chloroform or ether.

The Association inclined towards simplicity in the production of anesthesia, to the exclusion of the more complicated apparatus employed by some. Stress was laid by one participant in the discussion upon the fact that some deaths attributed to anesthetics were not due to this cause alone, but were sometimes attributable to other surgical mishaps, such as apoplexy, air-embolism, hemorrhage, shock, etc.

The evils of intermittent ether anesthesia were emphasized in a highly interesting and scientific paper by Henderson, of Johns Hopkins, the condition of "Acipnia" which is sometimes produced under such conditions, serving to explain many obscure phenomena and unexpected fatalities.

Moore, of Minneapolis, formerly an enthusiastic supporter of Chloroform, announced a "change of heart" in favor of ether, not because ether was intrinsically safer, but because it was more "fool-proof" and because it had become the universally popular anesthetic.

The papers of the Mayos were of much interest, especially the one by W. H. Mayo on "A Comparison of the End Results Following Operations for the Relief of Gastric and Duodenal Ulcers." Another contribution which attracted attention was by McKenzie, of Portland, Oregon, who advocated an operation for the cure of anal fistula without division of the sphincter muscle. A flap is turned back from the margin of the anus, the fistula dissected out, and the hole in the bowel closed from the inside by sutures. This converts the old operation for fistula, so long regarded as an extremely simple and easy one, into rather a complicated and difficult procedure, but the results are claimed to be correspondingly better.

The Fellows of the Association were entertained, not only in Denver, but also in Colorado Springs, and expressed themselves as highly delighted with their visit in both places.

The next meeting will be held in Montreal, Canada, under the presidency of Arpad G. Gerster, of New York.

L. F.

Denver Medical Times and Utah Medical Journal

PUBLISHED MONTHLY BY

THE MEDICAL TIMES PUBLISHING COMPANY.

Subscriptions, \$1.00 per year, in advance.

Single Copies, 20 cent

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Address all Articles, Personals and other items of interest, and Books for Review to the Editor, Edward C. Hill 633 Metropolitan Building, Denver, Colo.

Our scale of prices for REPRINTS about covers actual cost. Those requiring reprints of published matter must order at the time of revising their proofs; price list for reprints on application to Business Office.

Entered at the Postoffice at Denver, Colorado, as mail matter of the Second Class.

NATIONAL ASSOCIATION FOR STUDY AND PREVENTION OF TUBERCULOSIS.

The Seventh Annual Meeting of the National Association for the Study and Prevention of Tuberculosis, held at the Brown Palace Hotel, June 20th and 21st, was a decided success, both in the number of those who attended its meeting and in the character of the men who participated in its proceedings.

The work of the Convention was divided into three sections, Pathological, Clinical and Sociological. In order to expedite the scientific program and finish the work within the time assigned, it was necessary to have a separate meeting for the Sociological Section. This was unfortunate, as it prevented many of the members from attending this section. Entirely too much time comparatively was devoted to entertainment features in the way of dinners and so on, which unfortunately caused considerable delay in the opening of the scientific program.

The one dominating figure of the Convention was undoubtedly that of its President, Dr. William H. Welch, of Baltimore, whose magnificent address, covering as it did almost the entire field of our knowledge in tuberculosis at this time, left little for anyone else to add. His fluent and facile speech and his charming personality, together with his superior knowledge of the subject, held the delighted interest of his hearers to the end. As long as such men as Dr. Welch take an active interest in the Association, there need be no fear of its continued success and achievements.

There was the usual fruitless argument and discussion with reference to climate between the Eastern physicians and those in the West and probably for the first time at this meeting, owing to its being held in Denver, the Western men had an opportunity to fully express their views in favor of climate and to protest against some of the theories of the Eastern physicians.

The Committee on Resolutions reported but few resolutions, which, however, were unanimously adopted and I think very wisely. There can be no question but what local Sanatoria for advanced cases in every community of any size is the proper thing, and that incurable, advanced cases should invariably be kept at home and not be sent away on the hopeless mission of finding the "fountain of youth and health" in some far away land.

The dictum laid down by Dr. Livingston Farrand, Secretary of the Organization, that the nation should never do anything to aid in stamping out tuberculosis—seems to me a very unwise statement, as in the long run it will undoubtedly be necessary for the government to take a hand in the fight and to so direct the work of the local and state organizations that there will be that wise and necessary co-operation which must be had to produce proper results. The resolution that tuberculosis can be contracted from bovine sources was promulgated upon unquestioned testimony of thorough, scientific investigation, and was timely and to the point.

Three leaders in the fight against tuberculosis have passed away since the last meeting of the Association, and eloquent tributes were paid to their memory, and the work of these deceased leaders ought to act as an inspiration to those who remain in the fight. In the death of Dr. Robert Koch of Germany, Professor Arloing of France, and Dr. Janeway of New York, the medical profession and the people have lost three unusually able men in the crusade against tuberculosis.

The Convention was fortunate in having Professor Stiles of Edinburgh present at one of its sessions, who, while a surgeon, made in a few minutes' talk, both an interesting and an important addition to the scientific knowledge of tuberculosis, and from his experience easily proved the danger

to the human family of contracting tuberculosis from the tuberculous cow.

Dr. Farrand, in his report of the work of the past year, showed the vast increase in the number of tuberculosis associations, sanatoria and beds for tuberculosis cases that have been established during that time. There are now 511 associations, 422 sanatoria and 26,360 beds, a remarkable increase within the few years in which the fight against tuberculosis has been active.

Very few of the laity comparatively were represented at the meeting. Dr. Edward F. McSweeney of Boston, chairman of the Tuberculosis Commission of that city, presented a very interesting paper on tuberculosis as a factor in the increased cost of living, and his criticisms in discussion of the obstructions which their Commission met with in their efforts to stamp out the disease rang true and timely. His statement that the medical profession must be more harmonious in its work in this respect is unfortunately too true.

I cannot but comment unfavorably upon the fact that so few of the social workers of the city of Denver and of Colorado were present at the sessions. It was of the highest importance that the men and women interested in the many problems connected with tuberculosis in Denver and Colorado should have been present at these meetings, and every effort should have been made by the local committee to have encouraged their attendance.

DR. MOSES COLLINS.

INSTITUTIONAL CARE OF THE INSANE IN EUROPE.

That provision for the care of mental diseases in most communities has not reached a standard to be desired, nor are the conditions under which treatment must be administered, those which afford the best prospect of recovery, or improvement, is pretty well admitted.

especially amongst those who, by reason of intimate association or care, are cognizant of the circumstances.

Since the time of the elder Tuke, there has been a gradual tendency to regard the lunatic with a consideration more humane, and to a degree that the term "lunatic asylum" seems to have been replaced by the less suggestive "Hospital for the Insane."

Upon reflection it should appeal to us that a person who is afflicted mentally is a sick individual, and most appropriately (and effectively) treated as such.

The influence upon a recent or acute case of the commoner forms of restraint—e. g., leather cuffs, straps, strait-jackets, retention sheets, padded cells and the barred windows and locked and guarded doors—is quite apparent to the experienced observer, and the growing tendency to eliminate these is noteworthy. That they can be entirely omitted has been demonstrated where the nursing assistance has been sufficient, and with remarkable results.

A study of the care of the insane in the principal European countries reveals conditions as widely different as those to be found in different sections of our own country.

Most striking is the attention which this subject has received in Scotland. Of the 18,000 cases of insanity in that country about 12,000 are receiving institutional care, which includes the acute and curable cases, and the remainder—for the most part mild, chronic, incurable and harmless cases—are placed in charge of families, selected after qualification, and paid by the parish. These families must receive these cases as a member of their household and care for them accordingly. A corps of inspectors cover the various districts and each house is visited once each month.

It is refreshing to note among the institutions, one, at Bangor, in Lin-

lithgow, Scotland, in which about 900 inmates are under care, without a locked door, without a barred window, and one which knows no restraining device other than persuasion and humane physical opposition. It is none the less surprising to find that wards containing excited or agitated male patients are successfully managed under the supervision of female nurses.

In the parish of Glasgow an observation ward is maintained in the city of Glasgow, in which upwards of 1,000 cases are handled annually, of which about one-half are later certified and committed to one of the larger mental hospitals. Of these, Woodilee, the largest, accommodates about 1,200, but which conforms with the older types in the manner of conduction. It is located about 14 miles west of Glasgow.

Throughout England mechanical restraint has been abandoned. Isolation, by means of **strong rooms**, is the rule in the larger institutions.

While epileptic cases are to be found among the insane, the colony treatment is well under way, several having been established.

In Paris the older plan is still followed in the larger hospitals (Bicetre, La Salpetriere), and the Asyle d'St. Anne is conspicuous by reason of its prison-like appearance.

In the Psychiatric Institute at Munich Professor Kraepelin has a most splendidly appointed building adapted to the plan of treatment followed, but more especially are the arrangement and well equipped laboratories by which the most careful and fruitful psychologic research investigations are made possible; and by virtue of which Professor Kraepelin's writings occupy so esteemed a place in the psychiatric literature.

Solitary confinement is not a resort here; continued baths at 35° C. in all agitated cases, in association with high inclosed and padded beds, are used. No hyoscine is used. A commodious

amphitheatre forms a part of the building, where well attended psychiatric clinics are held.

In Switzerland, conditions are much the same as in the German territory. The Psychiatric Clinic at Zurich is worthy of mention, since it is here that Jung, a renowned follower of Freud, is developing much to enrich our knowledge of the functional psychoses.

Probably the largest institution for mental diseases in the world is that which has been recently completed near Vienna, "Am Steinhof." It comprises sixty buildings situated on a tract of 350 acres of land. The pavilions are intended to accommodate 3,000 patients, and at present that number is exceeded. Solitary confinement rooms are provided in the agitated wards and continued baths are used. Sedatives are avoided as far as possible, and mechanical restraint is not used, other than padded high-sided beds. The "Kurhaus" is worthy of a word as a most modern aggregation of apparatus for hydro, mechano, and electrotherapy in a splendidly constructed and appointed building.

Around Berlin are several institutions, the most important of which are Dalldorf and Buch, as well as an epileptic colony—Wuhlgarten, and an institution for mild and functional cases located at Zehlendorf, "Hans Schoenow."

At Buch, the largest and most modern, there are 1,780 confined. An addition of equal size is under construction. Solitary confinement with the continued baths are used. While the doors are kept locked there are no barred windows, but these are fitted with a non-breakable glass. Here the agitated cases are treated together instead of isolating, this plan commending itself to those in charge.

The colony or pavilion plan seems to be in favor. By this means it is possible to segregate the types—more especially

the acute or promising cases from the incurable ones.

In most of the large hospitals of England, Germany and Austria, much attention has been given to amusement in the way of theatricals, concerts and games. Large assembly halls and theatres, beautifully decorated, form a conspicuous part of these institutions.

The family care of the insane as carried out in Scotland, and since tried in Leipzig, is worthy of consideration. In the latter place 73 patients have been placed with families, and Mueller, in discussing the plan, states that "family care is a success in a considerable class of patients who, however, must be carefully chosen. It would seem as if the plan might be given consideration in connection with some of our own problems of overcrowding." The pay allowed for the care is 1.50 marks (\$0.375) per diem, payments to be made monthly. The family is bound by an agreement which includes constant supervision, and the patient is always subject to the physician-inspector.

An important advantage of the European countries in the care of these unfortunates lies in the low cost of help (nurses and attendants). The apportionment of nurses is from one to six patients to one to ten throughout.

It is surprising to note, in view of the recent advances in biologic and artificial sera, that laboratories are wanting in many of the larger institutions.

It would seem that the nearer the approach to the appearance of a hospital, with a minimum of restraint, other than physical or manual, in the active curable cases, affording the greatest amount of out-of-door rest in bed, the more the promise of recovery and the more the expense will be minimized in the end. One cannot but be impressed with the need of more active and effectual treatment and attention in places of detention for acute cases, through the elaboration and bettering of their facilities, than to main-

tain them simply as places of detention.

G. A. M.

A BRIEF EVALUATION OF HUMAN KNOWLEDGE.

The above title may seem ambitious, even audacious, yet personal opinions upon general topics are entitled to free expression. Moreover, a teaching experience of 28 years and a state teacher's certificate possibly endow the writer with some special privilege in the matter.

When we look upon the development of the man-child and the woman-child, we find that they learn the most useful things before ever they go to school—how fire will burn and falls give rise to pain; objects of nature in true perspective; at least one language learned as their elders speak it. With school days come much show and artificiality, along with what is good and true—learning by rote and without understanding—making grades rather than mental growth—putting on scholastic rags of many colors.

True education is a building up from within, not a mere acquisition of facts and theories. The purpose of all real education is to fit a person to do something well. As President Hadley of Yale says: "We try to educate our college students as intellectual producers, and not as intellectual consumers."

Study for the more sake of study, without reference to any practical application thereof, is a gathering of husks and a weariness of the flesh. "Tis won as towns with fire, so won so lost." Much the greater part of knowledge acquired in schools is ornamental only, and to be compared with the adornments of those ladies of the Orinoco region, mentioned by Herbert Spencer, who are attired in earrings and bright bands of paint—and nothing more. Even the medical colleges are not entirely free from brain-burdening

nonsensities; e. g., the names and origins and insertions of some two hundred pairs of muscles, the memorizing of lists of chemic formulas, etc. Perhaps there is a sort of excuse for such impractical teaching in the fact that incompetent men on state boards of medical examiners are prone to ask questions on subjects of no practical utility. For example, an examiner in the State of Washington recently asked for the formula of morphin, a question which Ira Remsen himself probably could not answer without looking in the book.

The art of reading opens to the thoughtful mind the whole world of the theoretic phases of that knowledge which is power, but the much more important practical requirements can be achieved only by repeated observation and practice. Who could ever learn to run a steam-engine by reading about it? A good book, however, is a true friend, always ready to serve and benefit. To read profitably and with satisfaction one must read with attention and understanding, that is, often with the aid of dictionaries, for a cursory and superficial perusal does one harm rather than good. For the busy man or woman one book each month is about all that should be expected to be read.

Up until the American and French revolutions, education was designed for the classes and not masses. It was a mark of social rank, not meant to be of utility in the work of the world, and hence consisted largely in a study of the classics, considerably more thorough and less perfunctory than nowadays. In those times scholars wrote in Latin and Greek, and a few could even speak the former tongue with easy familiarity. When a language is dead for all practical purposes, why should we disturb its last slumbers, when even the classical quotations of pedantic authors can be deciphered by referring to lexicons and other reference books? Why should we waste time in trying to construe the fanciful day-dreams of the

credulous ancients when such masters as Pope and Bryant have already translated Homer for us—any more, says Emerson, than we should swim a river when there is a good ferry across? The suppositious mental training to be had from a study of the classics in the original is precisely of the same nature as that profound devotion to their ancient literature which has kept the Chinese a stagnant and unprogressive nation for thousands of years. Once upon a time the writer spent four hours each day in the study of Latin. How much better it would have been had those precious hours been devoted to the study and practice of the great American game of baseball!

As to modern language, we cannot agree with Goethe's statement to the effect that every foreign speech one knows makes him so many times a man. Of course, there are exceptions, such as the learned blacksmith, Elihu Burritt, but your ordinary phenomenal linguist is fit for little else. One or two foreign languages, best learned in youth, may be of distinct service to the scientist or professional or commercial man. German, French and Spanish are those most helpful to Americans. As for our foreign patients, they or their friends can nearly always speak English indifferently well, and it is rather in reading contemporary Continental literature and attending lectures and clinics abroad that the American physician finds need of an extra tongue or two. Many American medical journals, including the *Denver Medical Times*, have an excellent digest of the leading articles appearing in a number of their foreign exchanges.

The human race still loves a good story, as is shown by the great predominance of fiction over other reading matter. Although based chiefly upon sentiment and emotions, such books serve to instruct, as well as entertain, by depicting the manners and customs of various peoples and ages. Yet to live

mentally entirely upon novels, is like subsisting corporeally upon fudge. Moreover, while modern authors do not express themselves with the coarse abandon of Rabelais or Fielding (who, however, depicted truly naked vice in all its vileness), some of them do worse by giving an attractive veneer of erotic art to the creations of their lewd imagination. In this field the French still maintain a bad preeminence, and with many of their writers, as a hardware merchant might say, second-hand screws continue to be the chief stock in trade. Now why, when there is so much that is good, true and beautiful in literature, should one steep his brain in the seepage from offal and ordure? There are Mark Twain and Hawthorne and too many other great authors whose writings always leave a good taste in the mind.

Traveling broadens one's mental view and imparts an acuteness and self-reliance very different from the smug conceit of rustic provincialism. "Home-keeping youths have ever homely wits." Well written and beautifully illustrated accounts of travels in our own and foreign lands, as in the *National Geographic Magazine*, are a fairly good substitute for globe-trotting, and they exemplify the old adage that "Truth is stranger than fiction." History becomes more and more interesting as we grow older, but the great defect of most histories is that they are concerned rather with the diseases (that is, wars) of nations, than with the manners, customs and economic conditions of their peoples at various times. A good biography has the advantage over a history in its continuity and definite purpose, which is to teach courage and indomitable persistence in the face of every obstacle. Of essayists we have very few as genial and delightful as dear old Washington Irving. Some of the shining lights, Howells and Ruskin for example, are so dreadfully precise in their diction as to give one the im-

pression of a cat carefully picking her way across a muddy street. Poetry is the quintessence of thought. A single line may contain more living truth than reams of soporific sermons. Aristotle himself has pronounced poetry the most philosophic of all writings. We are firmly convinced that the old-time practice of "speaking pieces" in school on Friday afternoons was good for body, mind and soul. Mathematics really gives that mental drill and exercise which has falsely been attributed to a study of the classics. For pure, celestial intellectual pleasure nothing else compares with the delight of bringing to complete solution an abstruse mathematic problem.

The work of the world and the welfare of man, however, depend chiefly upon a progressive knowledge of the natural sciences, particularly physiology, chemistry, physics, metallurgy, botany and entomology. To the individual a practical understanding of the care of his own body is unquestionably most

important, though the Eddyites would exclude physiology from the public schools if they could. In the natural sciences too much attention has been given to mere classification and nomenclature, and too little to the reasons of things being as they are. Every real scientific fact has or will have some practical application in the business of life, though sometimes the connection is difficult to perceive, as when here lately a Dutch savant (quoted in Chemical Abstracts) has been studying the urine of the shark under normal and increased diuresis. Ben Franklin was once a witness of some scientific experiment, when another party present inquired, "What's the use of this experiment?" Franklin rejoined by asking, "What's the use of a new-born baby?" In natural science the actual demonstration of phenomena to the organs of sense is an absolute necessity to the satisfactory study of each subject.

PERSONALS

Dr. and Mrs. F. P. Gengenbach are in Los Angeles.

Dr. Henry C. Beeson has returned to Grand Junction.

Dr. Smiley of Hillrose has been visiting friends in Denver.

Dr. J. O. Hardy, of Las Animas, has moved into his new residence.

Dr. J. D. Harper of Trinidad is expected home soon from California.

Dr. E. L. Freiburger, of Alamosa, was visiting in Denver early in June.

Dr. F. H. McNaught is one of the contingent at the Los Angeles meet.

Dr. Geo. R. Pogue, of Greeley, has been "under the weather" for some weeks.

Dr. S. M. Oppenheim is now a proud papa. The happy event occurred June 23rd.

Dr. E. P. Hershey has returned to Denver from an extended European tour.

Dr. N. K. Morris has returned to Denver from California, recuperated in health.

Dr. Daniel J. Horton, of Evans, mourns the death of his beloved wife on June 15th.

Dr. Melville Black attended the A. M. A. meeting in Los Angeles.

Dr. Frances Buchanan and little Mary are spending the heated season at Glen Park.

Dr. Wm. L. Hess recently returned from a successful fishing trip upon the St. Vrain.

Dr. O. M. Shere attended the Los Angeles meeting, stopping en route at Salt Lake City.

Dr. W. A. Jayne is taking a trip through the Great Lakes and down the St. Lawrence.

Dr. H. S. Shafer recently made a brief tour of the Pacific Coast, particularly Washington.

Dr. Edwin L. Fitch has removed from the Masonic Temple to 419-420 Empire building.

Dr. John C. Inglis delivered the June commencement address at Emporia College, Kansas.

Dr. Charles A. Powers is attending the

surgical section of the A. M. A. at Los Angeles.

Dr. Wm. E. Stemen was called to Rochester, Minn., June 12, to assist at a surgical operation.

Dr. D. W. Collins, a Pueblo pioneer physician and surgeon, died at his home in that city, May 25th.

Dr. J. A. Richmond has his office now in the Ferguson building, 711 Seventeenth street, room 12.

Dr. Edward J. Horan, of Glenwood Springs, was recreating at Rifle during the month of May.

Dr. John M. Shaller will remove about July 1st, to the sixth floor of the Commonwealth Building.

Dr. and Mrs. Elwood Gray have returned to Grand Junction from a pleasant sojourn on the Pacific Coast.

Dr. T. O. Duckworth, of Arvada, is spending some time at Ploche, Nevada, where he has a hospital.

Dr. Wm. Robertson will serve as acting mayor of Denver during Mayor Speer's three months' absence.

Dr. Eugenia Barney, of Sterling, and her daughter, Hazel, are taking a brief vacation on the Pacific Coast.

Drs. Hall, Grant, Moleen and Ringolsky were in attendance at the recent A. M. A. meeting in California.

The many friends of Dr. F. E. Waxham regret to know of the attack of hemianesthesia which he has recently endured.

The Eighteenth General Assembly appropriated \$3,500 on the purchase by the state of Dr. John Elsner's mineral collection.

Dr. T. Mitchell Burns read a paper on "Cesarean Section" before the obstetric section of the A. M. A. at Los Angeles.

Dr. Eugene Brown, who recently graduated from the Northwestern Medical College, is visiting the home folks in La Junta.

Dr. James G. Hopkins, of Springer, New Mexico, was greeting old friends in Denver and Pueblo in the second week of June.

Dr. W. W. King, of Cripple Creek, came down from the hills to see how Denver looked on about the longest day of the year.

Dr. Wm. C. Mitchell has returned to Denver after a thorough study of the Wassermann method in Wassermann's laboratory.

Dr. and Mrs. Edward F. Eldridge, of Grand Junction, are taking the Gulf-Atlantic coast trip from Galveston to Boston and New York.

Dr. S. A. Bonney entertained at the Orpheum a number of the visiting medical men in attendance at the recent convention in Denver.

President Swan, of the State Medical Society, was recently operated for gallstones by Dr. Charles A. Powers, and has made a good recovery.

The new \$100,000 three-story St. Mary's Hospital at Grand Junction is said to be the finest institution of the kind on the Western Slope.

Dr. J. M. Ehlert has disposed of his practice in Fowler to Dr. R. A. Grigsby, from Oklahoma, and will return to his old home in New Orleans.

Dr. C. B. James has been appointed assistant county physician, with special province over the medical care of the sick children of the poor.

Dr. C. F. Andrew, of Longmont, has purchased a new Maxwell runabout, and has ordered a 1912 Maxwell roadster, to be delivered September 1st.

Dr. Carl G. Parsons has completed his fine new bungalow at Tenth and Garfield, with hot air furnace for the winter and an ether evaporating plant for summer.

Adjutant General John Chase attended the meeting of the executive committee of the national guard association, which convened in Washington June 6th.

The Union Pacific Railway managers contemplate building a new hospital soon in Denver, to take the place of the one which was burned down a few years ago.

Our associate editor, Dr. Perry F. Purdue, of Sterling, was operated June 23rd, for acute appendicitis by Dr. John R. Hopkins, and has made a good recovery.

Dr. L. V. Howard has recently taken a special course on "606" with Dr. Louis Gross of San Francisco. He also attended the A. M. A. meeting at Los Angeles.

The ophthalmologic staff of the State University have arranged to give annually a six weeks' post-graduate course, patterned after that of Oxford, to begin June 12, 1912.

Dr. and Mrs. Wm. H. Davis have spent the month of June on the Pacific Coast,

chiefly at Ocean Beach. Dr. Davis also attended some of the sessions of the A. M. A.

That highly esteemed and venerable medical counselor, Dr. Abraham Jacobi, has been elected president of the A. M. A.; Dr. Alexander Craig, of Chicago, secretary.

Mr. Henry A. Lindsley, attorney for the City and County of Denver, has removed his law offices from the Mercantile Building to 800-802, 819-825 Central Savings Bank Building.

Dr. Jane W. Skolfield, of Salt Lake City, recently took a practical post-graduate course in New York City, after which she stopped over in Denver to greet some of her old friends.

Dr. E. W. Knowles, of Greeley, was married to Miss Ethel Dullam of the same city on the evening of June 1st, the ceremony taking place at the home of Dr. and Mrs. Z. X. Snyder.

Dr. John B. Law, for many years the leading medical practitioner of Leadville, died in Denver, where he had resided for the past seven years, from paralysis, May 28th, at the age of 68.

Dr. N. H. Chapman, of Monte Vista, is the new president of the San Luis Valley Medical Society; Dr. A. J. Chisholm, Monte Vista, vice president; Dr. O. P. Shippey, Saguache, secretary-treasurer.

Dr. Charles O. Petty (1900, Gross), of Beaver Crossing, Nebr., pleased his Denver friends by a pleasant visit in the latter part of June. Dr. Petty has been quite successful in his old home town.

On June 7th the medical department of the State University graduated 39 doctors of medicine, the majority of whom, we understand, were holdovers from the Denver and Gross College of Medicine.

Mr. Fred H. Weber was married last month to Dr. Mary A. Jackson, of the Boulder-Colorado Sanatorium. Mr. Weber will graduate next spring from the medical department of the State University.

At the recent meeting of the Colorado Pharmaceutical Association at Manitou, Mr. Robert H. McKenzie was chosen president (succeeding Mr. E. L. Scholtz). Mr. Charles J. Clayton was re-elected secretary.

Dr. J. S. McAtee, of the D. & R. G. hospital at Salida, is taking charge of the practice in Monte Vista, of Dr. Doane, while

the latter, with his wife and little daughter, is having a vacation in California.

Dr. Robert Hastings has assumed editorial charge of the New England Medical Monthly. Dr. Hastings was long connected with the *Annals of Gynecology and Pediatrics*, and he is a virile and independent writer.

The visiting surgeons and their wives, attending the recent meeting of the American Surgical Association in this city, were indebted for social entertainment to Dr. and Mrs. Freeman and Drs. Powers, Edson Grant, Jayne and Bagot.

Dr. Robert L. O'Brien, of Akron, was killed on the morning of May 30th, while returning from a call in the country, by his auto turning turtle into a ditch, burying him under the machine. He leaves a widow and two young children.

The Foresters of America are contemplating building a national sanatorium, costing a quarter of a million dollars, at Boulder. Dr. A. G. E. Nordlander, delegate from Colorado to the coming Detroit convention, is pushing the enterprise along.

The state dental association celebrated their first quarter centennial at Boulder. June 29-30, July 1, with excellent clinics and papers. The chief address was by Dr. John W. Dowd, of Toledo, O., upon "Oral Hygiene, the Gateway to Health."

It is a pleasure to note that in the state board examinations of 1910 (J. A. M. A., May 27), the graduates of Colorado medical colleges stood first, there being no failures to pass; 121 physicians were registered in Colorado by reciprocity during 1910.

After a brief illness, Dr. J. Elvin Courtney died at his residence and sanatorium in Denver, June 24th. Dr. Courtney had practiced in this city about ten years, and stood high as a psychiatrist and neurologist. He leaves a widow to mourn his loss.

Dr. and Mrs. H. G. Wetherill have been recreating on Catalina Island, in the Yosemite and other parts of California. Dr. Wetherill served as chairman of the Section of Obstetrics and Gynecology of the A. M. A., at the recent Los Angeles meeting.

Dr. F. Calot announces a practical clinical course in orthopedics from the 30th of July to the 6th of August, at the Orthopedic Institute of Berck. For program and other information those interested should

address Dr. Fouchet at Berck-Plage, Pas de Calais, France.

A little party of the younger doctors of Denver enjoyed the generous hospitality of Dr. George H. Stover at his home apartments, Eighteenth and Race, on the evening of June 8th. The dinner was perfect and the canned music from Hawaii was a unique treat.

Prof. Homer C. Washburn, late dean of the department of pharmacy, Oklahoma University, has been appointed professor of pharmacy in the new department in the University of Colorado. The course in pharmacy, we understand, will be three years in length, the first two years to be given at Boulder, and the last year in Denver.

Dr. and Mrs. George F. Libby are spending June and July and the first half of August at Baltimore and Atlantic City, and in Connecticut and Maine. The doctor will attend the annual meeting of the American Ophthalmological Society, which is the oldest special medical association in the United States, having been established in 1868.

We are pleased to note that Mr. Wilbur F. Cannon, Colorado's first food commissioner, has been made associate editor of the American Food Journal, in charge of the pure food and drug law department. It is rumored that he now receives double the salary which the great state of Colorado paid him as food commissioner.

The following were elected officers of the National Association for the Study and Prevention of Tuberculosis, at the Brown

Palace, June 21: President Dr. M. P. Ravenal, Madison, Wis.; vice presidents, Dr. John M. Glenn, of New York, and Dr. G. Walter Holden, of Denver; secretary, Dr. Henry B. Jacobs, Baltimore; treasurer, Dr. George M. Sternberg, Washington.

Dr. Hubert Work was elected president of the American Medico Psychological Association at the recent meeting in Denver. This society consists chiefly of superintendents of insane asylums and sanatoriums, and numbers 423 members. Dr. and Mrs. Work entertained the visitors with an elaborate dinner at the Brown Palace. Next Year's meeting will be held at Atlantic City.

Governor Shafroth has vetoed the tuberculosis registration bill. Similar laws are already operative in 25 states. According to Secretary Morris of the Colorado Association for the Prevention and Control of Tuberculosis, there is reason to believe that pulmonary tuberculosis is increasing in this state. During May there were 61 deaths from tuberculosis in Denver, five of the cases having been contracted in Colorado.

We regret to record the death of that able and genial attorney, Mr. Ralph Talbot, June 29th, at the army quarters of his son, Fort Robinson, Nebr. Mr. Talbot was 61 years old at the time of his death, which followed several weeks after a stroke of apoplexy. Mr. Talbot was the son of a physician and always had a warm place in his heart for medical men. He had been elected a regent of the State University last fall.

BOOKS

Food and the Principles of Dietetics.—By Robert Hutchison, M.D., Edin., F. R. C. P., Physician to the London Hospital. With Plates and Diagrams. Third Edition. Price, \$3.00. New York: Wm. Wood & Co. 1911.

I have never read a more practical, comprehensive and interesting book upon food and dietetics than this volume of Hutchison's. Every chapter is replete with original ideas pithily stated. Caloric relations are graphically represented diagrammatically and pictorially. The author, as might be expected, takes the usual English point

of view concerning the usefulness of alcoholics in old age, overwork and fatigue. He considers succinctly a great variety of special foods and drinks and diets adapted to particular pathologic conditions. His presentation of each subject is equally readable and sensible. The whole book has been thoroughly revised in the present edition. It is a work that one would not willingly be without, after once making its acquaintance. E. C. H.

The Practice of Surgery.—By James Gregory Mumford, M.D., visiting surgeon to

the Massachusetts General Hospital; Instructor in Surgery in the Harvard Medical School; Fellow of the American Surgical Association. With 682 illustrations. Philadelphia and London: W. B. Saunders Company. 1910.

Reviewed in the June issue of the *Denver Medical Times*.

Medical Jurisprudence, Forensic Medicine and Toxicology.—By R. A. Witthaus, A.M., M.D., Professor of Chemistry, Toxicology and Medical Jurisprudence in Cornell University; and Tracy C. Becker, A.B., LL.B., Counsellor at Law, Professor of Criminal Law and Medical Jurisprudence in the University of Buffalo. Second edition; Volume IV; toxicology. Octavo, 1271 pages; illustrated. Sold by subscription with volumes one to three; muslin, the set, \$25; law sheep, \$28. Sold also separately, muslin, \$7; brown sheep, \$8. William Wood & Co., Publishers, 51 Fifth Avenue, New York.

The fourth volume of this standard work is devoted entirely to toxicology, and is the production altogether of Prof. Witthaus, who ranks probably as the foremost living toxicologist. In completeness, accuracy and lucidity the present volume leaves little or nothing to be desired. The toxicologic chemist finds herein full and explicit directions as to technique. The practitioner dealing with a case of poisoning (accidental, suicidal, homicidal or occupational), can quickly refer to the symptomatology and treatment of the suspected poison. The book is admirably adapted to medicolegal use, giving definite and succinct references to a great number of related cases, along with many other valuable bibliographic references. The work as a whole is a masterpiece, which will long be held as an authority in courts and as a valuable medium of reference in the study of all medicolegal matters.

E. C. H.

The Blues (Splanchnic Neurasthenia), Causes and Cure.—By Albert Abrams, A.M., M.D. (Heidelberg), F. R. M. S. Published by E. B. Treat and Co., New York. Price \$1.50. Bound in cloth.

This is a very interesting and valuable little work, and shows much originality of thought on the part of its gifted author. He clearly and graphically shows that a form of neurasthenia which he designates "Splanchnic Neurasthenia" is due to congestion of the abdominal veins. He very clearly illustrates how these conditions may be mitigated or overcome, by a series

of exercises consisting of manipulations and deep breathing, which relieve this congestion. He highly recommends the sinusoidal current for these conditions, especially for congestion of the liver. To give the reader a clearer conception of the scope of the work I herewith append the following outlines of the contents, viz.: Chap. 1. The Blues; Chap. 2. General Irritants of Neurasthenia; Chap. 3. Special Irritants of Neurasthenia; Chap. 4. The General and Special Symptoms of Neurasthenia; Chap. 5. The General Treatment of Neurasthenia; Chap. 6. Splanchnic Neurasthenia; Chap. 7. The Symptoms of Splanchnic Neurasthenia; Chap. 8. The Treatment of Splanchnic Neurasthenia; Chap. 9. Intestinal Auto-intoxication. The book is worth any physician's time spent in its perusal. It is well illustrated and tastefully and handsomely bound. E. STUVER.

A Working Manual of High Frequency Currents.—By Noble M. Eberhart, A.M., M.D., Professor and Head Department of Electrotherapy, Chicago College of Medicine and Surgery; Professor Radiotherapy, High Frequency and Vibration, Illinois School of Electrotherapy. Author of "Practical X-ray Therapy," "Vibratory Technique," etc. Cloth, 12mo., 303 pages. Fully illustrated, \$2.00. New Medicine Publishing Co., 7 W. Madison St., Chicago.

Physicians who have become interested in learning of the nature and uses of high frequency currents, have found some difficulty in studying the subject, owing to the fact that some of the literature is quite technical, and some of it not clear. Certain journal articles upon these currents have confused the true high frequency currents with those of low frequencies. In the volume referred to above there is a plain and clear description of the apparatus used, of the value of the currents and of the methods of application, and following this a long list of conditions in which high frequency current is used. The author does not believe that these currents are cures.

G. H. S.

Digest of Comments on the Pharmacopoeia of the United States of America and the National Formulary for the Calendar Year Ending Dec. 31, 1908.—By Murray Galt Motter and Martin I. Wilbert. Washington: Government Printing Office, 1911. The same thoroughness and impersonal

impartiality characterizes this volume, as it has its predecessors. To the revisers of the Pharmacopeia such a digest is invaluable, and to a less but still considerable degree the work is very useful for reference by those closely connected with the teaching and practice of pharmacy, chemistry and *materia medica*. E. C. H.

Tuberculosis as a Disease of the Masses and How to Combat It.—Seventh American Edition, enlarged and revised, with 64 illustrations. Motto: To combat consumption as a disease of the masses successfully requires the combined action of a wise government, well trained physicians, and an intelligent people. Prize essay by S. Adolphus Knopf, M.D., New York, Professor of Phthisio-therapy at the New York Post-Graduate Medical School and Hospital; Director in the National Association for the Study and Prevention of Tuberculosis; Associate Director of the Clinic for Pulmonary Diseases of the Health Department; Visiting Physician to the Riverside Hospital Sanatorium for Consumptives of the City of New York, etc. The "International Congress to Combat Tuberculosis as a Disease of the Masses," which convened at Berlin, May 24th to 27th, 1899, awarded the International Prize to this work through its committee on July 31st, 1900. First American Edition, 1901; Seventh American Edition, 1911. There have been issued 27 Foreign Editions in 24 different languages. Published by "The Survey," 105 East 22nd street, New York. Also for sale by Fred P. Flori, 16 west 95th street, New York. 1911. Single copy in paper cover, plain, but stoutly bound, 25 cents, postage prepaid; 20 or more copies, 20 cents each, postage extra; 50 or more copies, 19 cents each, postage extra; elegantly bound in cloth, 50 cents each, postage prepaid; 20 or more copies, 40 cents each, postage extra.

It is of interest to note in the preface of this seventh edition, that "the German Government has had several editions printed," and that "many hundred thousand copies were distributed gratuitously or at cost throughout the empire." "Through the initiative of the governments, medical associations, or individuals, the essay has been translated into nearly all European languages and a few Asiatic ones." Thirty-eight pages, 4 chapters, and 41 illustrations have been added. The price had been set at 25 cents, and this low price has been continued in spite of the increased size. Probably every physician is familiar with

the first or some of the preceding editions of Dr. Knopf's essay. Its value is very great. It would be well if it could be distributed in this country as it has been in Germany, for it should be read by every tuberculous individual, by his family, and by his neighbors. It is written in simple, but dignified terms, the information is full but not redundant, and the teaching is sound and in accordance with that of the foremost students of this subject. One point of importance many physicians could learn with profit: the early symptoms. Another point in the danger of alcoholic beverages.

The illustrations are useful and good, showing sputum cups, cuspidors, methods of outdoor sleeping and of window-tenting, sanatoria, and outdoor schools.

The conclusions are recapitulated as follows: "Educate the masses in right living and the prevention of tuberculosis, cure the curable cases in sanatoria, or at home, take care of the advanced cases in special hospitals, provide preventoria for predisposed adults and open-air schools for the children. Improve the housing of the masses, particularly the sleeping and working quarters. Suppress child and restrict woman labor. Raise the standard of living by paying reasonable wages for reasonable hours of work. Combat alcoholism and other social diseases by sane and human laws and wise preventive and curative measures."

The relation of tuberculosis to social science is an intimate one. Its economic aspects are manifold and far-reaching, having to do with every age and station in life. A book, therefore, that is written for the masses in such a way that it can be understood by them, must be a great factor for good. M. H.

Merck's Manual of the Materia Medica.—(Fourth Edition). A ready reference pocket book for the physician and surgeon. Containing a comprehensive list of chemicals and drugs—not confined to "Merck's"—with their synonyms, solubilities, physiological effects, therapeutic uses, doses, incompatibles, antidotes, etc.; a table of Therapeutic Indications, with interspersed paragraphs on bedside diagnosis, and a collection of prescription formulas, beginning under the indication "abortion" and ending with "yellow fever;" a classification of medica-

ments; and miscellany, comprising poisoning and its treatment; and an extensive dose table; a chapter on urinalysis, and various tables, etc. (Merck & Co., 45 Park Place, New York. 1911. 433 pages. Sent on receipt of forwarding charges of 10 cents, in stamps, to physicians, or to students enrolled in any college of medicine, in the United States.)

Vaccine Therapy in General Practice.—By George H. Sherman, M.D., 1911. Published for the author, 419 St. Aubin Ave., Detroit, Mich.

While the purpose of this booklet is doubtless in part to bring to the attention of medical men the bacterial vaccines prepared in the laboratory of the author, yet it is well worth careful reading and thoughtful consideration. In his introduction Dr. Henry R. Harrower says: "I have always felt that in the bacterial vaccines the profession would find the open sesame to success in the treatment of all infections or germ diseases." Besides the vaccine therapy with which most of us are familiar, the author claims to have had excellent results in rheumatic affections (streptococcus and staphylococcus vaccine), appendicitis (streptococcus and colon vaccine), typhoid fever and vertigo.

E. C. H.

Hydrotherapy: A treatise on Hydrotherapy in general; its application to special affections; the technic or processes employed; and use of waters internally. By Guy Hinsdale, A.M., M.D., Lecturer on Climatology. Medico-Chirurgical College of Philadelphia. Octavo of 466 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, \$3.50 net.

There are two chapters in the above work that are of especial interest to Colorado physicians. They are the ones relating to hydrotherapy in tuberculosis and to the artificial Nauheim baths in heart troubles.

The whole work is of great interest, and it would seem to your reviewer an exceedingly valuable one for any physician's library.

Hydrotherapy occupies a very important place in the treatment of a great many diseases, both acute and chronic. Practically all the text books leave one completely in the dark as to the how of a hydrotherapeutic procedure, even after highly recommending it.

The above work is specific and concise in

its directions as to method, temperature, time and individual indications. It is astonishing how very valuable hydrotherapeutic measures may be employed with only the means at hand that may be found in any household or that may easily be improvised.

Your reviewer notes the chapters on the oxygen bath, on colonic irrigation, on Murphy's method of proctoclysis, on different mineral waters, spas, in rheumatism, in insanity, the packs and compresses, on its use in the treatment of obesity, and the beginning of the book is opened with an illuminating description of the "Rationale of Hydrotherapy."

POTHUISJE.

A Practical Medical Dictionary. By Thomas Lathrop Stedman, A.M., M.D., Editor of "Twentieth Century Practice of Medicine;" Editor of the "Medical Record." Illustrated. Price, thumb-indexed, \$5.00; plain, \$4.50. William Wood & Company, 51 Fifth Avenue, New York. 1911.

Dr. Stedman's thousand-paged, 50,000-titled, octavo pronouncing illustrated etymologic lexicon reaches the high water mark among single volume works of the kind. His long and distinguished editorial experience has eminently fitted the author for his titanic task. Aside from its general completeness, modernity, convenience and attractiveness, the book has certain features worthy of special mention: Fullness of cross reference, e. g., four related to salvarsan; thesaurus of scientific synonyms connected with a certain object or part, e. g., under "skull," 42 items, defining back from English or popular terms, as "having small, microcephalic, nanocephalic;" biographic notes in connection with eponymic titles; definitions of eclectic and homeopathic therapeutics, dental, veterinary and life insurance terms; composition of proprietary medicines; the Basle anatomic nomenclature (BNA); ingredients, temperature, special indications and season when available of the chief mineral springs of the world; chemic, electric, botanic, mineralogic and zoologic terms; many tables of anatomic structures and pharmaceutical preparations, including all those of the U. S. P., B. P. and N. F.; concise descriptions of the leading laboratory tests. The appendix comprises tables of weights and measures, including the much neglected, though very important, distinctions between a drop and a minim of common

liquid preparations; comparative temperature scales, table of elements and the regions of the body surface, according to BNA. The illustrations are numerous, var-

ied and clearly instructive. The work is a great and scholarly production, which we can recommend to our readers cordially and without reserve. E. C. H.

MISCELLANY

Institutional Census.—Washington, D. C., July 1, 1911.—Acting Census Director Fallmer has received from Dr. J. A. Hill, chief statistician for revision and results, in the Census Bureau, a preliminary count of the population in institutions comprising prisons, institutions for juvenile delinquents, almshouses and institutions for the insane and feeble-minded. The enumeration includes the number present in the institutions on January 1, 1910, and the numbers admitted and discharged during the year 1910. A few institutions still remain to be heard from.

According to this preliminary count the prison population on January 1, 1910, was 109,311; the admissions or commitments to prisons during the year 1910 were 462,530, and the number of prisoners discharged during that year on account of expiration of sentence, or other reasons, including also deaths, was 458,996.

The last previous census of prisoners was taken June 30, 1904, and at that time the prison population was 81,772, and the admissions or commitments during that year 14,691. These figures, however, are not comparable with those for the year 1910, for the reason that the 1910 enumeration included cases of imprisonment for non-payment of fine, while the census in 1904 did not include such cases.

Accordingly the marked increase in prison population, and especially in commitments, does not reflect an increase in crime, but is largely accounted for by this difference in the scope of the two censuses.

The Census Bureau will be able later to segregate from the 1910 figures the cases of imprisonment for non-payment of fine and thereby obtain a figure which will be fairly comparable with the enumeration of six years ago. The larger number of admissions reported, as compared with the population present on January 1, is indicative of the fact that a large proportion of the commitments are for short sentences and for minor offenses. In the final census report the prisoners will be classified with reference to the offense for which sentenced and the term of sentence imposed.

The number of juvenile delinquents reported at the census of 1910 in institutions for that class was 22,903. This differs but little from the number reported in 1904, which was 23,034.

The number of paupers in almshouses on January 1, 1910, was 83,944. The number admitted during the year 1910 was 106,457,

and the number discharged or dying during that year was 100,858. In 1904 the pauper population was 81,764 at the beginning of the year; the admissions during the year were 81,412, and the discharges or deaths 77,886.

SUCCESSFUL MEDICINE.

Chicago, Ill., June 29, 1911.

To the Editor of the Denver Medical Times and Utah Medical Medical Journal:

With your kind indulgence I want to bring an important message to your readers. I am going to alternate by bi-monthly journal "Physiologic Therapeutics" with "an other new journal," which will bear the attractive title "Successful Medicine." I believe that many of your readers will welcome this new journal, as it is to be a journal of commercial medicine, devoted solely to that side of practice which directly concerns the dollars and cents, published with the main idea of making its readers better-paid practitioners than mere brick layers or other skilled laborers who gain their skill with comparatively little sacrifice and who earn more than the average physician.

The financial side of practice is mighty important. They talk about the "science of medicine" and the "art of medicine," but if I am not badly mistaken, the dollars-and-cents side of medicine has been too highly considered. Not, mind you, that the scientific and altruistic side of the doctor's work is depreciated—far from it. Medicine today—as always—is filled with honest, scientific workers, and with men ever ready to help "the under dog" when opportunity affords; but think of \$700 a year as the income of the average American physician! Remember, too, that medicine unfortunately takes no note of the eight-hour law.

"Successful Medicine" will deal with the problem of the physician in his office, and especially with those which concern the business of getting results and the money for it. It will be published bi-monthly, beginning in September. It will be regular magazine size with a minimum of 48 pages, and the price "will be only twenty-five cents a year. Since this journal will be devoted to such an important phase of medicine, surely every reader of the Denver Medical Times and Utah Medical Journal must be interested. How many will subscribe probably in advance of publication?

Cordially yours,

HENRY R. HARROWER.

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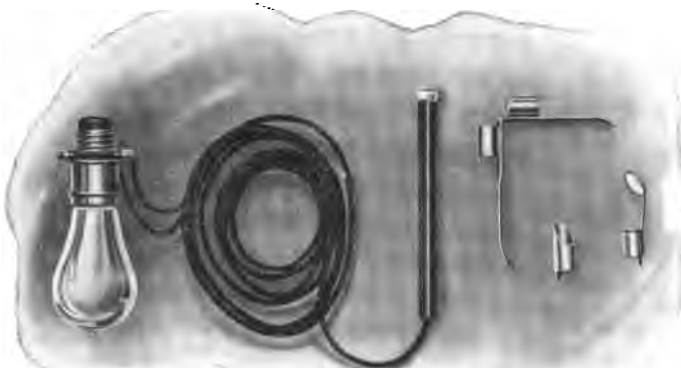
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REPORT OF APRIL EXAMINATION FOR LICENSES TO PRACTICE MEDICINE IN UTAH.

The Following Applicants Passed by Examination:

John F. Morrison, American School of Osteopathy, 1910, Ogden.
Isaac Alexander, Jefferson, 1910, Salt Lake City.
Claude E. McDermid, Georgetown University, 1908, Sunnyside.

BY RECIPROCITY.

Cyrus W. Banning, P. & S. Keokuk, reciprocating from Iowa, Milford, Utah.
A. H. Carter, Northwestern, St. Joseph, Mo., reciprocating from Iowa, Salt Lake City,
Fred J. Barnet, Albany Medical College, reciprocating from New York, Salt Lake
City, Utah.
J. F. Alton, Michigan C. Med. College, reciprocating from Michigan, Newton, Cache
Co., Utah.
F. D. Northrup, University of Kansas, reciprocating from Kansas, Provo, Utah.

THE PREVENTION OF VENEREAL DISEASES.

We have much pleasure in calling the attention of our readers to the rules of the Utah State Board of Health for the Prevention of Blindness in Newly Born Infants. As also a copy of Report of Venereal Diseases to be used by Physicians and Others Who Treat Venereal Diseases.—Chapter 61, Sec. 1.

It shall be the duty of every physician and every mid-wife attending a case of child-birth to report to the local Board of Health every case where the newly born child has inflammation of the eyes attended by a discharge therefrom. Such report to be made within six hours after the appearance of such disease. It shall be the duty of such physician or midwife to treat the eyes of the child so afflicted in accordance with the rules of the State Board of Health. Every physician and mid-wife failing to comply with the provisions of this act shall be guilty of a misdemeanor.

In conformity with the foregoing enactment, the State Board of Health has adopted the following rules to be of general application throughout the state:

Rule 1.—No midwife shall treat any case of ophthalmia neonatorum or inflammation of the eyes of a newly born infant unless it is impossible to secure the services of a physician, provided that in case the services of a physician shall be secured, a midwife may begin and carry out the treatment until his arrival.

Rule 2.—In the event that the services of a physician cannot be secured, midwives are authorized to use and apply the following treatment:

Immediately upon the discovery in a newly born infant of an inflammation of the eyes, attended by a mattery discharge therefrom five (5) drops of twenty per cent (20%) solution of argyrol shall be dropped into the eyes

with an eye dropper, after having separated the lids with the thumb and finger; and this treatment shall be repeated every hour for four (4) days, and longer if a discharge is still present. After four (4) days if the discharge has ceased the treatment may be reduced in frequency to intervals of four (4) times daily for several days, until it is shown that the discharge is not liable to return.

Before each application of the argyrol solution, the eyes should be thoroughly irrigated and cleansed by dropping or pouring into them a one per cent (1%) solution of boric acid. For practical purposes, the salt solution may be prepared by dissolving one teaspoonful of salt in a pint of water.

NOTE.—The person treating the eyes should exercise the utmost care to avoid touching the cornea (eye ball), as there is great danger of causing serious injury thereby. In applying the treatment the child should be placed flat upon its back and the head held so that the solution will not quickly escape from the eyes.

Inasmuch as the secretions from the eyes are very infectious, care should be taken to destroy all articles contaminated by them, and to sterilize the hands after each treatment.

The treatment above described is considered by eminent authorities to be entirely effective and safer than solutions of nitrate of silver; and it is recommended to all physicians in general practice.

Solutions of argyrol quickly deteriorate and should be freshly prepared for every case. Upon request the State Board of Health will furnish materials for preparing fresh solutions.

It is recommended that physicians and midwives shall make one application of the argyrol solution at the birth of every child as a prophylactic or preventive treatment, after having first thoroughly wiped the eyes with absorbent cotton or soft clean linen and

bathed them with a saturated solution of boric acid.

Rule 3.—On receipt of notification under this act, it shall be the duty of the local health officer to immediately investigate the case and satisfy himself that the Rules of the State Board of Health are properly complied with. He shall also immediately report the case to the State Board of Health by telephone or telegraph.

Venereal Diseases to Be Reported.

Chapter 90, Section 1. **Physicians and Superintendents of Hospitals to Report Cases.** It shall be the duty of every physician in this state, every superintendent or manager of a hospital or public institution in this state, to immediately report to the local Board of Health every case of venereal disease which he is called upon to treat or which is in such hospital or public institution, and each and every physician, superintendent or manager of such hospital or institution shall make such reports as may be called for by the rules and regulations of the State Board of Health of this state, and must comply with all the rules and regulations made by said Board to prevent the spread of venereal diseases. Provided, that the report of such venereal disease shall not include the name of the person afflicted.

Sec. 2. Rules and Regulations. It shall be the duty of all Boards of Health to enact and enforce rules and regulations necessary to prevent the spread of venereal diseases.

Report of Venereal Disease.

Name of Town.....
 ..Date ..
 Name of Disease ..
 Sex of Patient.....
 Age Duration of Disease
 Occupation of Patient

Remarks

Name of Physician.

NOTE.—Physicians are urged to explain the contagious principles of venereal diseases and the necessary precautions to be observed in the various stages to avoid communicating them. Additional report blanks will be furnished upon application to the State Board of Health.

THE UTAH LAW IN RELATION TO QUARANTINE AND REPORTS BY PHYSICIANS.

We print in full a recent letter issued by the Utah State Board of Health. It should be carefully treasured by all physicians whose duty it is to carry out these provisions for the safety of the public. The majority have complied with past laws on these subjects, but many have not, hence the necessity for more stringent provisions.

You will find enclosed copy of the official quarantine rules adopted by the State Board of Health in accordance with the recent law. Please preserve the same for your future information and guidance. Also find rules adopted by the Board relating to the treatment of ophthalmia neonatorum. It will be noted that the latter rules as applying to physicians are merely advisory.

Your attention is called to the section in the recently enacted medical practice law which provides for revocation of the license of physicians for wilful failure to report births and deaths and contagious diseases. It is hoped that there will be no occasion to invoke this provision of law. All physicians appreciate the importance of accurate and complete registration of vital statistics and will co-operate with those officials whose duty it is to secure the same. The duty of the State Board of

Health and local registrars in connection with the enforcement of the law as set forth in the following copy of a letter received from the attorney general:

"In reply to your favor of the 15th inst., requesting to be advised as to the duties of the State Board of Health, in connection with the recently enacted medical practice law relating to the revocation of the license of physicians for failure to report births and deaths, etc., will say that the last legislature passed an act (Chapter 93, Laws of Utah, 1911) relating to physicians and surgeons, and as amendatory of the Laws of Utah, 1907, treating the same subject.

The amendatory act, as contained in Section 1763 of the new law, adds as additional ground of unprofessional conduct, the following: 'Wilful violation of the law in regard to the registration of births and deaths and the reporting of infectious diseases.'

"Under this subdivision any physician failing to report births and deaths in the manner and at the time required by Sections 2034, 2035 and 2436x4, Laws of Utah, 1907, is guilty of unprofessional conduct as defined in the new act above quoted, and a revocation of his license can be had by compliance with the terms of Section 1735, Laws of Utah, 1911, which section in substance provides that proceedings for such purpose shall be commenced in the District court, be tried by the judge thereof, and upon proof of such unprofessional conduct an order shall be entered by the judge revoking the license of the physician and an injunction shall be issued perpetually enjoining him from practicing medicine or surgery in this state, and that such action shall be commenced in the name of the Board of Medical Examiners as plaintiff, and that the complaint may be sworn to

either by a member of the board or by a private party.

"I am of the opinion that it is the duty of the State Board of Health, through its state and local registrars, to see that the provisions of the new law, so far as relates to reports of births and deaths and infectious diseases, be enforced, and if violated, direct the commencement of legal proceedings in the name of the Board of Medical Examiners for the cancellation of the license of the offending physician.

(Signed) "E. V. HIGGINS,
"Assistant Attorney General."

For the benefit of those who have not been informed of the fact, notification is again given that an examination free of charge will be made by the state bacteriologist of all specimens submitted from cases of suspected tuberculosis or diphtheria and also the widal test. Specimens should be sent to the state bacteriologist, University, Salt Lake City. Mailing cases and blanks will be furnished by the bacteriologist upon application and properly filled-in blanks should accompany all specimens, otherwise examination will not be made.

Notification of venereal diseases in accordance with the recent law should be made on enclosed forms. It is hoped that physicians will cheerfully comply, with this law in recognition of the statistical value of the returns and their benefit in directing preventive measures against the ravages of venereal maladies.

Note the enclosed circulars pertaining to the free antitoxin in cases of indigents.

Yours very truly,

T. B. BEATTY,
Secretary.

THE KISS OF DEATH.

DR. G. HENRI BOGART,

Terre Haute, Ind.

Yes, literally, a kiss of death—a death the most loathsome, and accompanied by long-drawn period of torture, both mental and physical, compared with which the tortures of the savage are merciful—death dealt to those who most love and trust us, and whom we would die for rather than suffer to meet the hellish fate, and yet we must through conventional dictum or mawkish prudery suffer the cause to run rampant and under cover

The serpents of India slay annually 20,000 persons, but the death comes in merciful quickness, while in this enlightened civilization, of which we are so boastful, allow the manifoldly more numerous list to run rampant, and are expected to hold our tongues in strict leash.

I refer to the Black Plague of venereal disease, gonorrhoea and syphilis. Since 1880, the former has changed from a local to a constitutional disease, and the sufferer, himself supposedly cured, then marries an innocent, virtuous, loving woman, and having infected her, visits upon her the burden of sterility and invalidism.

Not to the perverted of womanhood, who in bestial desire for sexual pleasure without maternity, must we look for the majority of race suicide, but in the husbands whose vas deferens have been occluded, or to those women who have had the obscure form of the gonococci infection implanted in normal marital intercourse and have suffered resulting ovarian or fallopian inflammation, must we lay the majority of sterility.

Dr. Prince Morrow, the veteran medical pioneer for social decency, says:

"We may well ask why certain infectious diseases are elevated to the dignity of a danger to the public health

and every effort made to prevent their spread, while another class of diseases, compared with which the morbidity of the former is but a mole hill to a mountain, is completely ignored."

And when he went to the health department of New York City and asked that literature pointing the grave danger of this class of infections be sent out to the young, but from administration after administration he was refused on the ground that such circulars "would offend the moral sensibilities of the community."

Dr. J. N. Hurty, the radical reformer of the Indiana State Board of Health, went after the Legislature and asked for an appropriation for a similar circular, and was refused, for the same reason, and then, determined not to be balked, took from his contingent fund the necessary money, and had the circulars printed at the shop of a state institution, where printing is one of the trades taught to the inmates, and issued the circular, which is now in its sixtieth thousand, and the public greedily seeks its information. This circular can be secured by addressing the State Board of Health, at Indianapolis, and enclosing a two-cent stamp for postage.

Allow me to relate a typical case. J. M. was a young man of one of the oldest of the leading families, and was 'one of the boys,' a splendid young man; and while 'sowing his wild oats' contracted gonorrhoea, which was supposedly cured.

He entered a profession and succeeded in establishing a reputation as a leader, though there was a tendency to ill health that puzzled those who knew the vigorous stock from whence he sprung.

He married a beautiful, talented,

girl, and after a short time she was sent to the operating table, her ovaries were removed and her health shattered; then, ere he was forty, a common and trivial ailment developed certain inflammatory conditions that took his life, and the childless invalid widow went to reside with her mother. The microscope showed that the gonorrhoea of the boy had persisted and that the old hidden case finally accomplished its hellish mission.

A law compelling him to have had a competent bacteriological examination ere he secured the marriage license would have saved the minister from pronouncing the words, "What God hath joined together," not as a benison, but as a death sentence, compared with which the ukase that sends the victim to Siberia had been mercy.

Had this young man been aware of his condition he would have been cured before exposing the woman he loved to the living death to which she is condemned, and himself to the grave—and he was a man whom the world needed, and she a woman who should have given to the world the benefits of progeny.

Remember that at least 80% of the males of the United States contract this ailment at some time in their life, and that 80% of the women who are sent to the operating table are there because of infected conditions, from the venereals, and the recording angel only, may know the countless hundreds of thousands of women who suffer in unexplained, and far too often, in unchronicled woe.

Paresis, and locomotor ataxia, are most generally, the literal afterclap of venereal infection, and the increase of insanity, according to Dr. Givens, has increased ninety-seven per cent, where the population has only increased fifty-three per cent, or the rate of insanity is increasing 183 per cent of the population increase, and this through al-

coholism, and venereal poison, the latter being largely in excess.

I have entitled this paper the "Kiss of Death," and the fact remains unchallenged, that the worse sufferers are the innocent virtuous women, and their offspring poisoned before birth, by loving fathers; but my title line will apply farther, for it is to the Judas kiss of the courtesan (whether for hire or for lecherous abandon) that we must turn for the original infection.

Now for another illustrative case. A gentleman (he stands high in the social and the business world) was called from home, the past winter, by a business trip of several weeks duration, and on his return, went to his wife with a story of having been caught late at night in a small town, where he had to accept the only bed that offered, and that on the morning after, he had found the sheets badly soiled, and that from this he had contracted a gonorrhea. The wife believed him, but the disease proved stubborn, and the attending physician wrote me as to the case. From some of the conditions given, I at once decided that there was an old constitutional clap, fired with a recent infection, and demanded the confidence of the patient.

I have not seen him, but had smears made for the microscope, and these confirmed the diagnosis. The patient adhered to his story, relating that he had not had coition for two weeks prior to the appearance of the discharge, and as for a latent case, that was impossible, as he had had no other infection for 15 years, and that before his marriage.

With this clue, I advised a treatment which set him free of the taint, but here follows the horror of it all.

The wife is a woman of splendid mentality and physique, one of the best equipped for maternity, and she is childless, though the hope for offspring is an obsession with her.

The kiss of death in this case went into the future, and slew the unborn

children, that would have graced this home, and come into the public well equipped with the best of heredity and training, and it will never be, because Prudery has issued the dictum, "It is not nice to talk about such things."

And that splendid woman, devotedly loving her husband, wrote asking as to her sterility: "A beautiful home, with the free wild birds and its greenery, with books, and music, and pictures, with kindly friends, and a husband, who loves me devotedly, and all that makes life worth living—so the world says—but never curly head on the pillow, never a bump to kiss away, no patter of little feet, and then, when they hang crape on the door for me, oh, doctor, there will be no record of my life to leave in the world, no minds that I have borne and trained, and doctor, is there no help?"

There are those who claim that the suffering from the venereal diseases is the just punishment of those who have sinned that Erlich's great discovery of a cure for syphilis is the most terrible menace to morality that has yet been accomplished, as it makes vice relative-

ly safe that the guilty should suffer, etc., forgetting that the worst of the evil is the burden laid upon the innocent, as the two cases just given indicate, that the individual does not, in this day exist for himself, but for the race, for the community, and that we all suffer for the evil that comes to any one of us.

The same ethics of Christianity that raises objection to the study or the cure of venereal disease, is founded upon two vital conditions, two wonderful, beautiful thoughts: "Love thy neighbor as thyself," and "I am my brother's keeper."

Gonorrhea and syphilis kill more than all the other infectious diseases combined, and one of the feeders of tuberculosis is this same curse, for the patient whose vitality has been sapped by the insidious poison, is a fertile field for the operation of the bacillus of the minor ailments.

Then, let us as intelligent, honest citizens, meet this grave menace honestly, and spread the knowledge that shall at least fortify the marriage bed, from its onslaughts.

"THE SOCIAL EVIL."

WINSLOW ANDERSON, M.D.

The social evil, with its attendant crimes and diseases, has engaged the earnest attention of the ablest medical men, sociologists, hygienists, venereologists and statesmen of every country from the times of Abraham and Moses. At one time prostitution was punishable by placing the unchaste woman in an iron cage and dipping her in the river until she was almost drowned. At another time the impure woman had her nose cut off or she was branded with a red hot iron. The fallen woman has been publicly whipped. She has been obliged to wear distinguishing dress. At the time of Christ she was

stoned to death. During the crusades and later to prevent a possible breach of observing chastity, the fair ones had their labia minora padlocked. In other cases steel girdles—"girdles of chastity"—were fastened about the waist and limbs in such a manner as to guard the vulval orifice. Napoleon, one hundred years ago, was of the opinion that cohabitation was a "physical necessity" for his soldiers, but he did not wish to minimize their fighting strength by having them exposed to unhygienic surroundings, so he devised a system of "regulation" with medical inspection. Since his time Scandinavia pro-

vided supervision over the gaities of life with compulsory notification of venereal diseases. Neisser, who discovered the diplococcus or micrococcus of gonorrhea in 1879, has given Germany a highly complicated restrictive registration and medical inspection system. In 1896 Berlin had about 4,000 registered, licensed, inspected abandoned women, with over 50,000 clandestine or registered lewd women. Paris in 1903 under Police des Moeurs (Morals police) had registered some 5,000 women that legally carried on commercial vice. They were inspected by medical men and specially policed according to law. During the same period there were over 50,000 other immoral women on the streets that were neither registered nor examined. During the past thirty years Paris registered and inspected 150,000 licensed demi-mondes and arrested 725,000 clandestines that were found carrying on indiscriminate sexual intercourse without a license. In these "arrests" many innocent women were branded "immoral" on account of "mistakes" or malice or for purposes of blackmail.

The continental system of regulating vice has been abandoned generally excepting in Geneva, where houses of "ill-fame" are "tolerated" or licensed. Great Britain about forty years ago enacted regulatory registration for "fallen women." Police in plain clothes—spies—were empowered to arrest any woman they had "reason to believe" immoral. The policeman's "declaration" was sufficient to blast the reputation of any woman. These arrested women were requested to sign a paper called "voluntary submission." Many were ignorant and easily coerced into signing this "admission." If these women, innocent or abandoned, refused a medical examination they were sent to prison for disobedience. If found diseased they were sent to a hospital prison. If resistant they were imprisoned for months with hard manual labor. Under this regime the police

spies held the power of intimidating or arresting any "suspect." They often acted on "hints from outsiders," or for reasons of jealousy or revenge, or for purposes of blackmail and extortion. The whole object of this "law of regulation" has failed. In 1871 a Royal Commission recommended the abolition of compulsory examination. It took twelve years for this to become law. The legal age of protection for girls was twelve years! Twelve years later this was raised to thirteen years—it is now sixteen years. England has now no "legalized," registered houses of commercialized vice. One English journal states recently that the reason for an outbreak of syphilis in an African province was "the introduction of Christianity!"

Norway abolished Morales Police in 1888.

Italy has also abolished "regulations."

France no longer punishes sexual irregularity.

St. Louis tried to "regulate prostitution from 1870 to 1874 and abolished it.

New Orleans has her denizens of the "red light district" legalized, licensed and under police surveillance still.

In the Japanese Empire a large city—near Tokyo—which contains some 8,000 inmates, mostly young girls of tender years, is specially devoted to legalized or criminal vice. Ten, twenty or fifty maidens in each house, are poised—like dolls in their show windows—for sale.

Neisser of Germany advocates the recognition and tolerance of indiscriminate lewdness as a trade, unavoidable under present social conditions. He advocates teaching the principles of chastity to young men. Neisser also recommends the examination of every man who enters a house devoted to licentiousness.

Civilized countries for the past half century have tried all known methods of moral and legal prophylaxis. At the

various world's congresses, medical men, scientists, sociologists and moralists, ably assisted by the clergy, have advocated regulations, inscription sequestration, medical inspection, police surveillance, up to and including licensing or legalizing a life of shame, in an endeavor to regulate sexual irregularity.

A short time ago a noted member of the German Reichstag said: "The State which officially tolerates and guarantees houses of prostitution assumes the role of procurer."

M. Jules Faure said lately: "The worst that could befall the public health is nothing to the corruption of morals and national life engendered, propagated and prolonged by the system of official surveillance."

The White Slave Traffic.

At the present time the consensus of opinion held by the vast majority of moralists is that all "systems" of regulation, registration, isolation, compulsory medical inspection, civil espionage, and licensing of abandoned women, legalizes promiscuous sex-immorality. It increases the notorious traffic in young girls for immoral purposes and actually increases vice and disease. Licensing or legalizing moral obliquity has so far increased the dangers of contamination.

Statistics show that 50 per cent of minor girls are affected with venereal diseases. Twenty-five per cent of them have contracted syphilis. Licensing commercialized vice increases clandestine or illicit sex immorality. Of this latter class of strumpets 72 per cent have been found to be diseased. Seventy-five per cent of all prostitutes begin before the age of twenty-one.

It is claimed that the great wealth of Corinth proceeded largely from the foul hire of prostitution in the temples.

The Gonococcus. Eighty per cent of blindness at birth is caused by this in-

fection. Twenty-five per cent of all blindness is caused by the same disease. Fifty per cent of sterility in women and twenty-five per cent of sterility in men is from gonorrhea.

In the United States there are probably no less than 500,000 women in houses of "ill-fame," and twice as many clandestines outside of them. It is estimated that 450,000 young men in America contract venereal diseases each year.

It is stated on the best authority that 65,000 American girls and 15,000 foreigners are being trapped and sold yearly in the United States into houses of defamation. Illegal marriages entrap many, promise of marriage, of employment, deceptive invitations, decoy others. Young girls are stolen and carried off by force. The stings of poverty and destitution, betrayals and enticements under various pretexes fill the "licensed" brothels in the larger cities.

Dr. W. F. Radue in *Clinical Medicine* for January, writes:

To go into the red light districts of our great cities and drive out the denizens is folly, for the certain result will be the same as it was in New York some years ago. When these prostitutes were driven from their quarters, from place to place, they finally drifted into the apartment and tenement houses and the respectable residence districts, there coming in contact with pure, innocent girls, poisoning their minds, and frequently leading them on to share their own miserable fate in a life of shame, and, as they call it, of "easy money."

That we have societies and private individuals who are doing good and are trying to reform some of these people I admit, but to do any appreciable good we must go at them with greater vigor and by different methods, varied as each case may demand. While some are willing to be helped, many of these unfortunates do not and will not change

their mode of life—the life of the prostitute—for something better and purer.

For the latter kind something else must be done. To try to reform those that will not be reformed is a waste of time and money, so that the only thing left is to restrict them to a circumscribed part of the town where they can be found by those who so desire, making it an offense punishable by fine and imprisonment if they are found outside their limits. This must be made a State law. Moreover, this whole matter should be taken out of the hands of the police department and the low politicians who for years have been bleeding these unfortunates to the extent of unnumbered thousands of dollars, enriching themselves with this blood-money.

These women should be under the supervision of the city physician and should be examined at frequent intervals. This to avoid the spread of venereal diseases as much as possible. To condemn these people is not of the spirit of that great reformer Jesus Christ, who said, "Let him who is without sin among you cast the first stone." To stop prostitution is utterly impossible. You cannot stop it any more than you can stop the sun from shining—no power on earth can stop it. But it is the duty of every honest man and woman to try to get this evil regulated so that these women may not go about contaminating the innocent, while they also should work for the improvement of all places where the still pure may be tempted, such as offices, factories, department stores, and all places where men and women work side by side. That thousands of girls are brought to their downfall in such places and under such conditions is a positive fact. Anyone who could bring about a betterment of this condition would be immortalized.

One thing is certain, prostitution among our women will not down by force. It must be overcome by kindness and by the extension of a willing

and helping hand, aiding them in all possible ways to overcome this passion for evil for one of goodness and purity. And if our men of wealth would only spend some of their money in this direction, it would be more glorious for them than to build churches that too often invite only the rich while ostracizing the lowly and lonely.

What we need is men and women of broad and liberal minds, who are disgusted with the conditions of things as they are, those who will get out and work royally and unselfishly for the upliftment of these women and try to save those that are willing to be saved from destruction and untimely death, bringing them to realize what they are doing and the dire results their mode of life will bring them. Those who are willing to put their hearts into this work and can learn to do it well will some time be immortalized.

That this subject is not new I am well aware, but as this condition of things is getting the upper hand, it must be fought vigorously, and brought to the notice of fathers and mothers, and the public above all; and our legislatures must compel the latter to do something for the abatement of this most degrading and soul-destroying vice—the social evil.

(In the main we agree with Dr. Radue. The subject which he discusses is one of vital interest, and there can be little question that there is an increase of moral laxity, both among men and women. The problem is not one that concerns either sex alone, and in our opinion it is not one that can be solved by segregating the young women from the young men, as he so warmly advocates. The association of the two sexes is perfectly natural in the home, in social and business intercourse, in the church and in most schools. To set one sex apart from the other, in defiance of the laws of nature and in quasi-ignorance, is but to put a premium upon the secret relationship

which too easily becomes illicit.—Ed. of Clinical Medicine.)

The editor of Clinical Medicine says:

Candidly I do not believe that we are ever going to crush out the sexual diseases by enacting laws which wreak the vengeance of society upon the sufferer. We must tell the truth about these diseases, tell it to young women and young men, so that if they err, they will do so with their eyes open. Ignorance and poverty are probably more important factors in the propagation of syphilis and gonorrhea than passion—though this must be reckoned with.

* * *

Noted Clubwoman Favors Polygamy as a Cure for the "Social Evil" and Divorce.

"Polygamy is the most feasible of all the panaceas that have been put forward for the cure of the divorce evil.

"I favor polygamy for those who want it."

It is not an elder in the Mormon church who is speaking; nor the shade of Brigham Young, or even one of the forty-three children of Joseph Smith.

Mrs. Mortimer M. Menken, wife of a prominent Metropolitan attorney, is the one woman in the city full of suffragettes and "modern women" who dares to raise her voice in defense of the plural marriage system.

Mrs. Menken, who is a member of the Equal Franchise Society, the Political Study Society and the Parliament, attended the mock meeting of the women governors of the latter organization at the Waldorf-Astoria. Each of the women present represented a State. Mrs. Menken was the governor of Utah, and she threw the audience into a panic when she boldly declared herself in favor of a return to the practice of polygamy.

In speaking to a reporter Mrs. Menken laughed heartily when asked if she

avored the adoption of polygamy for all women.

"My beliefs are hardly as drastic as that," she replied. "Now, I did not say that I should advise all men to get themselves half a dozen wives, or women to band themselves into clubs of a dozen or more members and marry some man.

"But from my first-hand observations in Utah I believe polygamy makes for morality. It is even spreading into the surrounding States, Idaho in particular.

"The people are beginning to believe the many benefits to be derived from polygamy. Polygamy, for instance, settles the labor question. In Utah you see the husband and his four, six or eight wives, as the case may be, tilling the soil in perfect harmony. All take a personal interest in the farm, and the result is that the family is independent.—Ex.

Prevention of Prostitution.

In one hundred years of licensing, inscribing and inspecting, commercialized abandonment has grown apace. It has existed from the beginning of time and if we are to minimize sexual immorality new methods must be inaugurated. Police surveillance, arrests, segregation and licensing have made poor progress. Disease contamination is increasing. In most "civilized" countries from 50 per cent to 80 per cent of the men are infected. That Prostitution is a moral disease depending upon ignorance, poverty and want. Only a small proportion depends upon moral degeneration, passion and lust.

To preserve the "mystic key to Christian holiness" we must educate the young men as well as the young women. Instruction should be given in our schools. The physiology and hygiene of the sexual organs should be taught the boy as well as the girl. The phenomena of the reproduc-

tive and generative organs should be taught without prudery, hypocrisy or sentimentality. The dangers of contamination by the gonococcus, the spirochaeta pallida and the Ducrey-Unna bacillus should be early instilled into the minds of the young. Mothers and fathers should be instructed, that they may teach their children. Education will do more to minimize vice and disease than any other force ever employed.

has been good for them to have been afflicted.

Grant this, O Heavenly Father, for the love of that adorable Redeemer who, while on earth, went about doing good, and now ever liveth to make intercession for us in heaven.—Amen.

This prayer was made one hundred years ago by Dr. John Mason Good, a celebrated English physician, whose work on "The Study of Medicine" was one of the medical classics of his day.—Clinical Medicine, March, 1911.

A GREAT DOCTOR'S PRAYER.

O, Thou great Bestower of Health, Strength and Comfort, grant Thy blessing upon the professional duties in which this day I may engage. Give me judgment to discern disease, and skill to treat it; and crown with Thy favor the means that may be devised for recovery; for, with Thine assistance, the humblest instruments may succeed, as without it, the ablest must prove unavailing.

Save me from all sordid motives, and endow me with a spirit of pity and liberality towards the poor, and of tenderness and sympathy towards all; that I may enter into the various feelings by which they are respectively tried; may weep with those that weep and rejoice with those that rejoice. And sanctify Thou their souls as well as heal their bodies. Let faith aid patience, and every Christian virtue they are called upon to exercise, have their perfect work; so that in the gracious dealings of Thy spirit and of Thy Providence, they may find in the end, that it

UTAH DENTAL SOCIETY.

At the recent session of the convention of the Utah Dental Society, officers were elected as follows:

President, Joseph F. Grant, Jr., of Kaysville; first vice-president, Dr. W. H. Petty of Ogden; second vice-president, Dr. Kesley Davis of Salt Lake; secretary and treasurer, Dr. W. G. Dairymple of Ogden.

Executive Committee—Drs. D. N. White, G. E. Browning and E. E. Greenwell, all of Ogden.

Ogden was chosen as the place of the meeting in 1912.

A committee on propnyiaxia was also appointed, composed of Drs. Enoch Van Cott of Salt Lake, W. L. Ellerbeck of Salt Lake, J. S. Payson and F. C. Osgood of Ogden. This committee will have for its object the teaching and urging of the public in the necessary care of teeth by children and adults.

Following the adjournment of the convention the visiting dentists were taken to Saltair, where the afternoon was spent in social gathering.

Denver Medical Times and Utah Medical Journal

VOLUME XXXI

AUGUST, 1911

NUMBER 2

GASTRECTASIA.

J. K. MILLER, M.D.,
Greeley, Colo.

Gastrectasia, or gastric dilatation, is a form of chronic stomach trouble very commonly met with, though often overlooked and unrecognized. Its causes are both local and constitutional. The local causes are extrinsic and intrinsic. The chief extrinsic causes are growths, adhesions, ulcers, etc., in or external to the pylorus. The chief intrinsic causes are errors in diet, as rapid eating, over-eating and drinking. It may also be a sequel of chronic gastritis. Constitutionally, it is present in many cases of general debility, in those who are poorly nourished, as in tuberculosis and like wasting diseases. It is also a very frequent attendant in most all forms of chronic neuroses.

In examination of a patient, especially if he be a chronic, the stomach should be inquired into and carefully outlined. The larger percentage of chronic cases are caused by or are complicated with some gastric disorder. The routine of looking at the tongue and counting the pulse would better be shifted to the palpation, percussion and succussion of the upper abdomen. What may thus be learned by the intelligent examiner is vastly more important. The examination of the stomach is rarely difficult, as it can be quite as easily outlined by palpation and percussion as can the heart.

The most common etiological factor in stomach dilatation, as observed by the general practitioner, is dietary—the kind of food taken, also the manner of ingestion and the quantity eaten. We

live in a time of high pressure and the meal hour is all too short. Food hastily eaten is illy prepared for the stomach, and when taken hastily the sensation of sufficiency is not experienced until an over-amount has been ingested. An over-amount, with much of the work of the mouth placed upon the stomach, throws an overtax upon it, resulting in a weakening of the gastric muscles. Relaxation follows, and with it a faulty nutrition of the stomach wall ensues, establishing a chronic atony. A chronic desepsia of greater or less severity is thus begotten. This condition once established rarely tends toward recovery. Motor insufficiency has for a close attendant weakened gastric walls. A vicious circle forms. Food taken is too long retained, and the longer retained the more of a tax it becomes to the weakened organ. This tax is increased by fermentive processes, which come on with their irritating gases and acids fuming and burning until absorbed or until tardily discharged into the bowel. The accumulated contents aided by the gases of fermentation weigh down the stomach, as it were, bagging the greater curvature, thereby increasing greatly the distance between its most pendant portion and the pyloric exit. The degree to which this is sometimes reached is most astonishing. One is often surprised at the stomach's tolerance when by lavage he is able to note the quantity and character of the contents of an aggravated case of this trouble.

Some writers regard motor insufficiency as the primary cause, and dilatation the sequel. Others again quite as positively assert that a pyloric obstruction is primary and dilatation the sequel. There is no doubt truth in both positions, but the condition is brought about, not by one but by several causes, and the observer is influenced to his conclusion by the character of the cases with which he most frequently meets.

Associated with dilatation, we find the stomach not infrequently misplaced. Sometimes, no doubt, the cause which produced dilatation aided in loosening the organ from its moorings, but more frequently a misplacement precedes its increased capacity.

Gastrectasia is found in patients of most all ages. It is said to be most frequent in infancy and in the later years of life. My observation has not confirmed the truthfulness of this statement, which fact may be due to lack of opportunity or failure on my part to observe more carefully these ages. I do not question but that in the early life particularly this condition is very frequently overlooked. We would expect to find it in the bottle-fed children, who are usually guilty of feeding too freely and too bountifully. For several years I have noted in the history of my cases whether or not they have been bottle-fed infants. Reports have been negative. My opinion is that wherein early feeding has had anything to do in a local way with the stomach dilatation, it has been through the too early ingestion of solid foods.

Stomach dilatation is more common in men than in women, except in the cases associated with tuberculosis or other chronic exhausting diseases. This fact may be explained through the habit in the matter of eating. Men, because of the sense of business pressure, bolt their food more often than do women, and with the too rapid eating is associated the habits of irregular

and over-eating. Where chronic constitutional disease is absent, these features stand out in the history of almost every case. The constitutional diseases with which it is most frequently found are the various neuroses and tuberculosis. In the former, in a large number of instances, it has a close companion in the ptosed kidney, usually the right. No small percentage of neurasthenic cases are aggravated, if not caused, by stomach dilatation and nephroptosis. These organs should never be overlooked in the examination and care of chronic forms of nerve disturbances, for primary neurosis is a rarity. Inasmuch as pyloric obstruction is a cause of a stomach dilatation, its association with neurotic cases may be explained in the somewhat frequent occurrence of pyloric spasm. This spasm is similar to that which occurs in the rectal sphincter, and serves as a positive obstruction to the passage of the stomach contents.

The phthisiologist is a most neglectful specialist in matters pertaining to the digestive tract. He sees but little below the diaphragm, save some sort of an organ which serves as a receptacle for food. Rarely does he emphasize the malconditions of the digestive system, which are so common in his patients. Gastrectasia is exceedingly common in tuberculosis, yet the various authors writing upon this disease show the condition but little consideration; some, none at all. It would seem that the specialist had concentrated his attention so fully to the chest that he had forgotten the stomach is a part of his patient, and is as much a sufferer from the disease which preys upon him as are the other parts of the body not specially involved, frequently more so.

In view of the fact that there are no worth while drug remedies to be ingested in tuberculosis cases, the successful treatment lies along the line of proper nourishment and good hygiene. Proper nourishment can be helpful only as the stomach is capable of properly

digesting food. A weakened stomach, therefore, having a motor insufficiency with the common sequelae of dilatation or displacement or both, cannot handle profitably six to twelve eggs per day with corresponding quantities of meat, milk and breadstuffs. The number of tuberculosis cases wherein the stomach demands more consideration than do the lungs is surprisingly large, and quite as surprising is the number of cases which are neglected by the lung specialist.

Autopsies show intestinal lesions in fifty per cent of tuberculosis cases. These, of course, are third stage cases. In the early months of the disease the dyspepsia is gastric, and if properly cared for would greatly lessen the above per cent and remove one of the largest obstacles which lies in the way of the patient's recovery.

SYMPTOMATOLOGY.

It is not necessary to enumerate here the symptoms given in the books of stomach dilatation. The list is a long one, and in my experience the greater portion of it is quite as common to other forms of gastric dyspepsia. In a large proportion of cases the condition is easily diagnosed, but from the objective rather than the subjective symptoms. The history rarely brings to the physician anything positive, as the record is by no means uniform. Objectively, on the other hand, the findings are quite uniform. The patient may complain of anorexia, gaseous distention, eructations, foul taste and breath, headache and constipation, aching back, irritability of temper, discouraged feelings, etc., etc., but the cluster will be found to fit quite as well to a gastritis or even some forms of intestinal dyspepsia.

Objectively, the diagnosis is rarely difficult. Save in exceptional instances, the condition may be readily diagnosticated by palpation, percussion and succussion. Succussion produces a

gurgling sound similar to that made by a partially filled water bottle when shaken. So much has it so reminded me that I find myself unconsciously speaking of it as the "water bottle" stomach. This sign being present and the line of the larger curvature being lowered, diagnosis of dilatation may be made positive. One can scarce be misled by fluids in the colon, as the gurgling may be obtained in the ascending and descending as well as in the transverse portion. The history would also note the presence of diarrhea. Should there be gastric displacement, distention of the organ with gas or air will enable the examiner to outline the lesser as well as the greater curvature and thereby make clear the condition existing.

TREATMENT.

After diagnosis of dilatation of the stomach is made, the problem of treatment confronts the physician.

In extrinsic cases, particularly those in which obstruction is found in pylorus and duodenum, surgical procedures are required. Adhesions, band relics from inflammation, benign and malignant growths, ulcers, etc., comprise this class. While such conditions are not uncommon, they form the smaller percentage of cases met with by the general practitioner and need not receive further consideration here.

The atonic form of dilatation is exceedingly common. The state of the stomach is one of atony or hypotonicity. It appears in both acute and chronic forms. The acute follows trauma or laparotomy and excessive eating after fasting. It is usually toxic. There occurs a sudden weakening of the stomach musculature. This is the one form where lavage is helpful and admissible, and where anti-fermentive drugs may be tried, though as a rule they prove disappointing.

In the early stages of atony there is a motor insufficiency of the first de-

gree. It is very common in the adolescent and chlorotic patient. There is also the inherited weakness. The myasthenic stomach is the so-called "family stomach." Constitutional disease, acute and chronic, hemorrhage and faulty eating are other common causes. The character of the cause or causes, when obtainable, will suggest the course to pursue in the treatment.

In a second degree motor insufficiency, there is present a fully developed dilatation. This is usually but a later stage of the first degree, and the character of the treatment to be followed will vary but little in method.

The dietary in all cases is probably the one feature of prime importance. The kind of food, the manner in which it is eaten and the frequency of meals form the points to note in adopting a plan of procedure in these cases.

Liquids should be eliminated from every meal; nothing ingested will so bag the greater curvature as will fluids. The only exception should be made in bedridden patients, who might be permitted some nourishment in liquid form. Fluids must be taken but should be taken often, and in small quantities between meals. It must not be forgotten that, excepting alcohol, the stomach cannot appreciably absorb liquids. It is, therefore, a mistake to feed these cases other than dry diet. It is also a mistake to prescribe fruits or fruit juices. The disturbance from fruits is not so generally marked in the early as in the later stages of this disease. So universally do most fruits disturb, that the observing physician can tell his patient what fruits can and what cannot be taken with impunity. Strange as it may seem, apples offend most frequently. Grapes, strawberries, raspberries and cranberries come next. It is equally strange that prunes and oranges rarely disturb. When I used to treat these cases with lavage, the prune skin only was ever siphoned up. It is, however, never harmful. Of the

breakfast foods, the cream of wheat is best. I have never seen it return with the water. The coarser parts of other breakfast foods as Pettijohn's, whole wheat flour, rolled oats, etc., always return, as do grape and berry seeds.

Meats should be taken sparingly; in the latter stage cases, not at all as a general rule. In a few instances broiled fish, a little bacon or the wing of a chicken has been fairly well tolerated, but in practically all of these well developed cases it is safest to follow the meal with a few drops of dilute hydrochloric acid. Some patients are unable to tolerate nitrogenous foods in any form. As gross errors as I have ever known were due to the failure of the physician to inquire into the degree of the acidity and the motility of the stomach. In this respect I am quite sure my own record is not free from criticism. Dyspepsia of one kind or another is the most common of all troubles, and the malconditions, generally speaking, are not specially difficult to discover, yet in the treatment of no class of disease are there so many empirical methods adopted.

The frequency with which food should be taken is an essential factor in the dietary system. In many instances it will be found that the patient will do best on two meals or even one meal in the twenty-four hours. This gives time for the stomach, not only to empty itself, but to obtain also some rest. I never hesitate withholding food in any of these cases. The chlorotic, anaemic or tuberculous patient must submit to the requirements of the stomach.

Aside from dilute hydrochloric acid, drugs have no place in gastrectasia. Bitters in one form or another are usually recommended, but I have rarely found them of any particular value.

Lavage as a course procedure is as unwise as it is disappointing. In my early years of practice it was regarded the essential thing to adopt. Those

who adopt this method find it necessary on dismissal of the case to supply him with a tube, and to be sure he has experience and knowledge enough to know when and how to use it. A patient so discharged is not cured. In the course of years he may get well if he will religiously carry out a well regulated dietary along with the lavage. I have known but few cases to recover from this course. In tuberculosis cases it is unsafe, in that its use is liable to produce hemorrhage.

Dr. Fenton Turck of Chicago exercises the stomach by inflation with air. The patient swallows a specially devised tube which is connected with a compressed air tank. The stomach is inflated, then a vent in the tube is opened for the air to pass out. It is then closed to permit the filling of the stomach again. This is repeated many times, the patient treating himself. The course is a slow one, requiring six to nine months. The unpleasantness of the treatment, as in lavage, makes it not adaptable in many cases.

Electricity is recommended by many writers, faradism or galvanism being the form used. I have no experience with these currents in the treatment of gastric disorders. Their use has never appealed to me. They are difficult of proper application—besides I would have little confidence in their effect. Dr. Snow treats stomach dilatation with the static wave current and with the indirect spark. To my mind, this method is much more intelligent, as both the current and the spark exercise the musculature of the stomach and abdomen as well. Well regulated exercise is what relaxed and weakened muscles need. Increased activity and increased nutrition must follow the use of proper stimuli and will in the case of the stomach bring the return of its normal motile powers. I have not used this method except the indirect spark, which I have in a few instances given along with the vibratory course, but

with my knowledge of conditions to be met and my knowledge of the current, I could adopt the course with much assurance of obtaining results.

The most efficient of all treatments is the massage method. While recommended by several writers, it is emphasized by few. This fact is no doubt due to two things—the inexperience of physicians generally in the use of massage and the undesirable and laborious character of the work. It requires some technical knowledge and some considerable time if the hand is used. Gant refers to both hand and machine methods, and states that the hand secures more enduring results, but quicker results are obtained by the use of the machine. I question the correctness of his first statement, but I have practically no experience with the hand method. I have now used a machine for nearly six years. Having used it for this length of time on different classes of cases, I am able to say that it is a most satisfactory instrument.

Its use in the treatment of stomach dilatation has proven efficient in more than forty cases. I have not had a complete failure, and in two cases only was the result but partial. Both the partial cures were tuberculosis patients. The method requires some knowledge of anatomy and a knowledge of the proper use of the machine, but no great skill is required nor does a treatment require very much time. It does require, however, a careful detail and persistent effort. Few cases need more than a three-month period to be cured, and so far as I have been able to follow my cases the results are permanent. I would say, however, that a percentage of relapses must be expected, as the habits of the patient which produced the malcondition in the first instance will cause a return when proper care is not exercised. One case was treated five months before all subjective and objective symptoms disappeared. I had occasion to examine the

patient a few weeks ago and found him remaining well. Twenty months have passed since his treatment. I refer to this case because it is one of the worst I have cared for. When treatment began, the lower curvature was almost two finger-widths below the navel, when discharged the curvature was three finger-widths above.

The course given consists of daily treatments of five to seven minutes each for the first month, three treatments per week for the second month, and one or two treatments per week for the remaining four weeks. I require all patients to remain the ninety days under treatment, and few less responsive cases a longer time. The dietary above given is carried out as rigidly as possible and is regarded a part of the treatment.

Where the stomach is ptosed, the vibratory treatment will not restore it, though in some cases decided improvement has been noted. The displaced stomach must be otherwise cared for. I use either the Spivak bandage or the moleskin adhesive apron belt.

The particular method, so far as I know, is wholly my own, having stumbled upon it, as it were, by noting results upon the stomach while treating constipation, which is so commonly present in—because frequently caused by—this condition. The results obtained from vibratory massage are a constant surprise to me, and I am sure will prove so to anyone who has opportunity to observe its intelligent use.

MERCURY VS. SALVARSAN OR 606.

DR. JOSEPH CUNEO,
Denver, Colo.

Hoffman, in the "Medizinische Klinik," Berlin, August 14, 1910, VI, No. 33, "has already noticed in a large number of cases of syphilis treated by him with 606, or salvarsan; that the by-effects accompanying the use of the remedy were such as to invalidate the claim that it is entirely harmless, and that it does not kill all the spirochetes as claimed."

Hoffman says that in one case he was able to demonstrate the presence of lively spirochetes in lesions of the genitals and tonsils a week after the injection of 606.

Finger in the "Wiener Klinische Wochenschrift," November 24, 1910, No. 47, pp 1667-1702, stated that in five months since he had been using salvarsan, 170 syphilitic patients had been treated with it and all but 38 had been kept under supervision. "The results of treatment do not indicate," he

says, "that salvarsan has any more effectual action on the syphilitic process itself than the usual methods of treatment, while the harmlessness of the drug has by no means yet been demonstrated."

Four of his patients presented serious disturbances of the eyes, and three others disturbances of the internal ear. The first patient was a robust girl of 19, and two months after the injection of salvarsan (which had been made two months after primary infection), she complained of headache, vertigo and impaired vision in the right eye. As the Wassermann reaction was positive, she was given another dose of salvarsan, followed by mercury and iodid, but there was no improvement in the condition, and the left optic nerve showed signs of neuritis.

In the second patient, three months after the injection of salvarsan, al-

though she had seemed much benefited by it, incipient atrophy of the optic nerve on both sides became manifest.

The third and fourth cases were affected with nystagmus, vertigo and typical tendency to fall. The hearing was intact, indicating that the vestibular nerve had been alone shut off in some way, sure evidence that the trouble was in the true nerve of hearing. Up to November 24, 1910, deafness and vertigo persisted unmodified. In these two cases the Wassermann reaction had been persistently negative and the auditory disturbances did not develop until from nine weeks to nearly four months.

Finger's experience shows, he says, "That salvarsan has great symptomatic efficiency, but it does not eradicate the disease."

Kromayer (Berl. Klin. Woch., 1910, XLVII, 1585) reports 27 cases, five of these already showing a recurrence, and in three other cases some of the symptoms persisted after the injection of salvarsan.

Goldenburg and Kalinski, in the "American Journal of the Medical Sciences," give their extensive experience with salvarsan in a series of 50 cases. Their paper I believe to be one of the most dispassionate salvarsan articles up to date. They rejected all cases with organic lesions of the heart, kidney involvement or eye trouble concerning the optic nerves (other than those of specific origin). Most of the cases were out of bed within 24 hours following the injections. The conclusion reached by the two observers is that all manifestations of syphilis yield to salvarsan, at least for the time being. Chancres healed within a week or so without local treatment, of the secondary skin lesions, the macular and pustular syphilides disappeared more promptly than the papular eruptions, these oftentimes proving most obstinate.

Mucous patches and eroded papules of the mucous membrane underwent

rapid changes. In these lesions salvarsan showed its most brilliant effects. One case of brain syphilis was slightly benefited. Another with diabetes insipidus showed disappearance of the great thirst, and the polyuria changed to normal. Wassermann's test was made in 44 cases. Of these 39 were positive and five negative, before the drug was given. Of the positive cases only 3 became negative. There were 5 relapses. One patient died (the one case given the drug intravenously). The writers believe that the greatest possibilities of salvarsan lie in repeated doses. They further believe that when the Wassermann reaction remains positive after two injections of salvarsan, mercury should be resorted to.—*American Journal Dermatology*.

On June 23rd I examined a young man, age 27, and found him suffering from secondary syphilis. He gave a history of having first noticed the initial lesion on the left side of the bulbous extremity of the penis three months previous, and that in Wichita, Kans., he was given a deep intramuscular injection of salvarsan (606), in the interscapular region, every week for three consecutive weeks, and that said injections had somewhat benefited him in reducing in size the chancre of the penis without any other treatment. He said also that the mucocutaneous lesions appeared after the ninth week.

When I first saw the patient he was anemic, emaciated, and from his usual weight, 153 pounds, was reduced to 136 pounds, a loss of 17 pounds. He was also suffering from vertigo, intense headache and osteocopic pains of the arms and legs. In the region of the 4th cervical vertebra existed a papilloma one inch and a half in circumference. The first examination revealed mucous patches fully covering both tonsils, the pillars, the uvula, soft palate and a portion of the hard palate.

June 23rd I gave him an intravenous injection of bichloride of mercury (5 c.

c. of a 1:500 solution), a second injection June 26th, and a third one June 30th. When patient returned to take the fourth injection July 3rd, the mucous patches of the throat had disappeared, and the papilloma of the neck was greatly diminished in size.

The patient was examined by Doctors Edward C. Hill, F. E. Neres, A. H. Early, E. T. Boyd and A. G. Case, June 23rd and July 3rd. Dr. Boyd being out of town, did not see patient July 3rd, the date of my writing his case.

Almost a year ago salvarsan (606) was accepted by the scientific world as **bras ouverts** as specific in syphilis, but by watching the discouraging reports of men, whose statements and observations cannot be doubted, I became sceptical and refused, up to date, to give salvarsan to any patient of mine and to the ones referred to me by Doctors F. E. Neres, A. H. Early, C. M. Worth and A. G. Case, for the sole reason that at the present stage I do not feel justified in giving to anybody a treatment that unhesitatingly I would not take

myself. And today the case I have just reported puts me more than ever in the firm conviction that up to date we have in salvarsan **paucum in parvo and not multum in parvo**; and that in mercury, which has stood the test for the last 400 years, we have still undoubtedly our best remedy in combating syphilis. I have used it now successfully intravenously for the last 21 years, and do not feel at present justified in giving the preference to an infant remedy still **sub judice**.

I notice of late that leading syphilographers, **volens nolens**, have a tendency to return **ab ovo**, because they advise to give first salvarsan and then to follow it up, **pardon** . . . with mercury. I may be in error, but **timeo Daneos et dona ferentes**.

If the Wassermann and Noguchi tests must be accepted as dogmas showing the presence of syphilis, then salvarsan, or 606, cannot be looked upon as a sure cure, because, not considering the danger of death, the disease persists after injections.

IS ANYTHING THE MATTER WITH THE DOCTORS?*

WILLIAM J. ROBINSON, M.D.,
New York.

President of the American Society of Medical Sociology.

Is anything the matter with the doctors? The original title of tonight's discussion was: What is the matter with the doctors? But as that title contained the definite assumption that something **was** the matter with the doctors, it has been modified to a milder form. But even in this form, it assumes that something is the matter with them. Otherwise the question would not be asked. We do not ask: Is anything the matter with the chemists? Is anything the

matter with the physicists? Is anything the matter with the astronomers? Is anything the matter with the electrical engineers? And the reason we do not ask this question in reference to them, is because we know or assume that they are all right. We assume that they know as much as can be known at the present time, with the accumulated facts and the instruments of precision in their possession. And by asking the question: Is anything the matter with

*Delivered before the Liberal Club of New York, March 15, 1911, at a discussion participated in by the following: Upton Sinclair, Samuel Hopkins Adams, Norman Hapgood, Dr. Robert T. Morris, Dr. Woods Hutchinson and Dr. William J. Robinson.

the doctors, you at once betray that you have a lurking suspicion or the positive certainty that something is the matter with us. And there is no use denying that such a suspicion or certainty is harbored by a large number of people, particularly of the cultured, or perhaps more correctly, the quasi-cultured classes.

The so-called health journals, practically all of which are edited by men who have axes to grind, and who are perfectly innocent of any knowledge of medicine, are doing their utmost to foster suspicion and fan distrust in the medical profession. A sensational book, which claims to depict the chaos and crime in the medical profession, has recently been published and is exerting a pernicious influence on the public, because the focus through which it presents the facts, or alleged facts, is false, and the picture is therefore false and distorted. The quack journals, sensational and untruthful books, and a few ignorant laymen who pretend to assume the role of physicians, have been inciting the public against the medical profession, and by bringing false charges against us have partly succeeded in creating a feeling of animosity and distrust. You know how critical and analytical our dear public is. You can make it believe anything if you have only enough assurance and impudence; the more stupid, the more sensational the accusations, the more readily will they be believed.

Let us see what the charges against the medical profession are, what indictments a biased, inimical and ignorant jury has drawn up against us.

The Terrible Crime of Using Drugs.

The first and most universally heard charge against us is that we are drug dopers. That is, that we do not treat people rationally, hygienically, by the aid of diet, fresh air, sunlight, etc., but that for every condition we give drugs,

that we fill the people's bodies with poisons, and that by our drugging we often create worse diseases than those we intended to cure. This charge is repeated day in and day out by the quack health journals, which I referred to above. To speak out of the utility, of the indispensableness, of the life-saving properties of a large number of drugs is not the place here. I will merely repeat what I have said elsewhere, that he who has seen the lesions of syphilis melt away under the administration of mercury, iodine or 606; he who has seen the chills and fever of malaria disappear as if by magic under a properly administered dose of quinine or arsenic; he who has seen a miserably dwarfed, imbecile little creature grow in stature and gain intelligence from day to day under the use of thyroid; he who has seen the pale cheeks of the chlorotic or anemic girl change into red roses under the administration of iron and arsenic; he who has seen a waterlogged old man or woman, unable to take a step without getting out of breath, take on a new lease of life under digitalis; he who has seen a nasty diphtheric membrane roll away as if by the touch of a magic wand after a dose of antitoxin; he who has seen the fearful torturing pain in a case of renal or gall-stone colic cease instantly after an injection of morphine; he who has seen the life-saving effect of a few drops of amyl nitrite in a case of angina pectoris; he, I say, who has seen all those things will not agree to cure the sick without the use of drugs. And I will say, that if you will show me a man who absolutely denies the utility of drugs, I will show you a man who has never used drugs or who is ignorant as to their proper use.

But as to the charge that drugs constitute the principal factor in our treatment, I can only say that such a charge is maliciously false. Drug treatment constitutes only a small—a very small—

part of the modern practice of medicine. There is not an agent or method, material or immaterial, that we, members of the regular medical profession, do not employ in the treatment of disease. Regulated diet, exercise, water internally and externally in its numerous hydrotherapeutic methods, mineral waters, baths, direct sunlight, fresh air, heat in its multitudinous forms, massage, electricity, roentgenotherapy, Finzen light, radium, antitoxic sera, vaccines, suggestion (psychotherapy), hypnotism, all of these agencies we, regular scientific physicians, make use of freely in our endeavor to cure and to prevent disease. We may use only one of these agencies in the treatment of many of the diseases, but we do not hesitate to use all of them whenever they seem indicated.

A Handbook of Practical Treatment has just come off the press. It is authoritative and presents the latest developments in the treatment of disease as it is practiced by the regular medical profession. The first sixteen chapters deal with the general treatment of disease, and of these sixteen, only one is devoted to drug therapy.

Take Osler's Practice of Medicine, and you will see that drug treatment is playing a very secondary role, one might say an insignificant role, in the entire book. Inquire at, or study the reports of our foremost hospitals and you will see that drugs play a very secondary role. Nursing, hygiene, proper feeding, cleanliness are our chief agents in fighting disease. But, contrary to the quacks, we know the indications for drugs, we know the proper use of drugs, we know where they are invaluable; and when we do need them, we can use them fearlessly and unhesitatingly.

Surgical Operations.

Another serious charge refers to surgical operations. By one part of the

people we are attacked for performing any kind of surgical operations, by another part we are accused of performing surgical operations too frequently, in many cases where they are not at all indicated. To the first charge it is not necessary to reply. He who denies the necessity of any surgical operations, he who denies that very often a surgical operation offers the only chance of saving a life, as is done by many of our "No Knife" quacks in the quack journals, puts himself outside the pale of rational thinking beings, and no discussion is possible with such a person.

As to the second charge, I must confess that it is true of a small number of our profession. It is true that operations are sometimes performed on people who would be better off without them. But this is not due so much to greed and moral perversion as to a certain bias, of which none but the broadest-minded of specialists can be free. A man who is working in one line often becomes narrow, and seeing many brilliant successes from his operations, he becomes unconsciously biased in favor of operations. And as it is true that in many cases an operation will do in two weeks what medicinal and hygienic treatment will not accomplish in years, it is not surprising that some surgeons are inclined to give the patient the benefit of the operation, where perhaps an internal physician would consider the operation contraindicated or not at all indicated.

It is true, however, that there is a small percentage of physicians who are devoid of conscience and who will do almost anything for the money. But this is not anything special and unique, it isn't something peculiar to the medical profession. Rascals and brutes are found in every profession, in every trade, and will be found in every profession and every trade as long as we live under our present beautiful competitive system. And the entire profession

should not be held responsible for the misdeeds of a few.

The Practice of Abortion.

Another charge against the medical profession is that it is guilty of the practice of abortion. That the entire profession is guilty of this practice is, of course, false. That a large number of physicians—the percentage is, of course, impossible to state with definiteness, but I would say anywhere from 10 to 25 per cent—are practicing it habitually, is true. But I would not blame the profession very strongly for it. It is the state that is to blame for this condition of affairs. Wherever there is a demand there is a supply, and the demand for abortions is tremendous. The layman has no idea of the frequency and of the tremendous pressure that is brought to bear upon the medical profession. I venture to say that for every abortion performed by a physician, at least one hundred demands, requests and pleading supplications are refused. If this were not so we would not have the thousands and thousands of non-medical, male and female abortionists, who thrive throughout the country. A million abortions, at a very conservative estimate, are performed annually in the United States; and I am sure that 75 to 90 per cent of them are performed by non-medical and professional abortionists, who are outside the pale of the medical profession.

We Are Attempting to Form a Monopoly?

Another charge that has been heard a good deal of late is that we wish to form a trust, a monopoly, and that we intend to compel everybody to treat patients according to our own methods. How absurd this charge is will be seen at once if I mention that in the New York state examinations, for instance, no questions are asked on therapeutics or the treatment of disease. We do not wish to interfere with anybody's meth-

ods of treating disease. We leave that to the conscience and good judgment of the individual physician. And our only demand is that they who undertake to treat human diseases show that they have spent some time on the study of the anatomy and physiology of the human body and on the pathology and symptomatology of its diseases.

Our examination questions are only on subjects which admit of no discussion, which are accepted by everybody, the same as problems in chemistry or physics are universally accepted. All uncertain or debatable points are entirely left out of from our examinations.

We Make Mistakes.

Another charge against us is that we make mistakes, that we do not always diagnose the disease correctly and that we do not always treat properly. That is true. We do not claim to be infallible, we do not claim to be omniscient. Medicine has not yet reached finality, medicine as a science is, as I explained many times before, but half a century old, and some diseases are so obscure, so complex, that with the present state of our knowledge a mistake is occasionally unavoidable. But we are fighting hard to remove the veil from Nature's secrets and every year we know more and more, and our mistakes are becoming fewer and fewer.

Please remember that it was but yesterday that we began to use the same methods in investigating medical problems that are used by other exact sciences. And our reward has been rich indeed. To mention but one of the scourges of humanity, namely, syphilis: We have learned more about that disease in the last five years than in the preceding 500 years. The cause of the disease—the spirochaeta pallida; the best means of diagnosing the presence or absence of the disease in the system—the Wasserman test, and one of the most powerful remedies in the treat-

ment of the disease—606 or Salvarsan—have all come to us within the last five (to be more exact, five and a half) years. The same may be said about cerebro-spinal meningitis. Three years ago we stood before that monster humble and helpless; now, thanks to Flexner, we have a powerful weapon, and we wrest many victims from the monster's clutches. And I venture to say that if in five years from tonight you arrange a similar dinner I shall be able to tell you of some very remarkable discoveries made between March 15, 1911, and March 15, 1912.

But do the quacks, the irregulars, and those who believe with them, appreciate the fact that when they announce with glee that physicians make mistakes they thereby pronounce their own doom? For, if physicians who have spent several years in preparatory studies, who have had years of practice, who have every possible diagnostic instrument, who call to aid the chemical, pathological, bacteriological and biological laboratory, make mistakes, how can the quacks and faddists expect rational, sane people to believe that they, who have not any of these advantages, can diagnose correctly and treat properly?

Personal Experiences Shape Our Opinions.

We are no more responsible for our honest opinions than we are for the color of our hair, the length of our faces, the girth of our chest. Our opinions are the conglomerate result of heredity, environment, our bringing up, our companions and friends, the school we attended, the lectures we have heard, the books we have read. Our personal experiences have a tremendous influence on the shaping of our opinions. And it is possible that the unfavorable opinion which some laymen have of the medical profession is due to some unpleasant personal experi-

ence which they have had with some member. And it is possible that the favorable opinion I have of the medical profession is due to my exceptionally favorable experience with my colleagues. God gives us our relatives, our friends we choose for ourselves. But I can truthfully say that the physicians whom I call friends are not guilty of the things with which our opponents are fond of charging the medical profession. I can sincerely say that the physicians whom I know are noble-minded and sincere, are always studying and investigating, are sympathetic with the suffering, are up to the minute with all the latest advances in medicine, are careful and conscientious in diagnosis, are rational in their treatment, using drugs only where distinctly indicated, employing every hygienic measure, relying to a great extent on good nursing and dieting, and upon the *vis medicatrix naturae*, never prolonging a disease, never making an unnecessary visit, never operating or advising an operation unless positively indicated—in short, they are honest, capable men to whom the public can trust their bodies with implicit confidence. Of course, there are incompetents, and there are dishonest men in the medical profession, as there are in every profession, in every trade, in every line of human activity. But when we judge of a profession we judge of it by its highest representatives, or at least by the rank and file, but certainly not by its worst specimens. And the rank and file of the medical profession is sound to the core. It is sincerely desirous of learning and advancing, it is sincerely desirous of doing its best for humanity. It reads, studies and investigates and is earnestly doing the best that can be done.

The Spectre of the 17th Century.

The trouble with our friends is that they set up a man of straw and then

proceed to demolish him. They see a medical spectre of the Seventeenth or Eighteenth century and imagine that that is the physician of today.

Just as some of our free-thinking friends see a Torquemada in every priest or minister—they will not admit that there are quite a few decent people among the clergy of today, people with broad minds and big hearts, intensely interested in the welfare of humanity; just as our anarchistic friends still see a Philip the Second or an Ivan the Terrible in every ruler—you cannot make them believe, for instance, that George V and William H. Taft are quite human, and, while certainly no genuises, are at least as intelligent as the average Englishman or American—so our anti-medical friends see with their mental eye an old, bewhiskered gent (Elbert Hubbard, who has become one of the most obnoxious quacks, always pictures a doctor as a man with whiskers) with a big syringe, with a blood-letting lancet, with chisel and saw, with powerful emetics and cathartics, with balls of opium and pocketfuls of calomel; a gent without any culture, narrow-minded and hide-bound by tradition, without any knowledge of hygiene or sanitary measures, having no idea of ventilation, fresh air, dietetics, the power of suggestion and other immaterial agencies. Such is the picture some of our friends have of the modern medical man, or at least that is the picture they try to show to a gullible public—and they proceed to hammer it, stab it, tear it to shreds and tatters and to show to the same gullible public their own superiority. No wonder they succeed.

That the picture is false and distorted—maliciously or ignorantly—goes without saying. The physician of today is a cultured man with a good preliminary education—and the entrance requirements are getting higher and higher—a good medical education, and

he is a critic, a skeptic and quite often he is a true scientist.

That we do not know everything, that some diseases, cancer, for instance, still baffle us, is true. But there is a great difference between not knowing everything and knowing nothing, and as said before, every year we learn a little more. But one thing is sure: What **WE** can't do, the quacks and irregulars surely cannot.

What We Have Accomplished.

I have touched upon and answered the charges which our enemies are making against us. Let me now devote two or three minutes to a consideration of the benefits which we have conferred upon humanity, but which our enemies forget to credit us with. To state that medicine is advancing from year to year, and that from year to year we are improving in our diagnosis and treatment of individual patients, must be in the nature of a mere assertion, for our enemies deny it. There are two things, however, which they cannot deny, for the **world** has them on record.

One is that wherever medical science is in an advanced state the mortality rate has been enormously reduced. The second is that by having conquered the mysteries of the transmission of malaria and yellow fever, and by applying rigid sanitary measures, we have rendered many tropical and sub-tropical places habitable which were uninhabitable before, and have converted many pest-holes into the healthiest spots on the globe.

Let us see what the reduction of the mortality rate means. I shall not go very far back, though the figures would prove more striking and more startling. But right here in New York City we have within the last fifteen years reduced the death rate per 1,000 inhabitants from 25 to 16. In other words, instead of 25 people dying every year per each 1,000 inhabitants, only 16 die

—a saving of nine per thousand, or 9,000 per million, or 36,000 per four million, the population of New York City. What an annual saving of human lives it makes throughout the country or throughout the civilized world you can calculate for yourselves. For everywhere is the same story. In Berlin, for instance, the mortality rate fell in 25 years from 33 to 16—a saving of more than 50 per cent; in Munich, from 41 to 18, and so forth and so forth. Our statisticians are in the habit of estimating the value of human lives in dollars—at such an age we are worth so much, at such an age so much. To me this method is rather revolting—revolting in itself, and because, in my opinion, many lives are worth nothing, others are worth less than nothing, in other words, have a negative value, while others are worth not four thousand dollars—which is the highest value put on a human being by the political economists—but forty millions. But if you are fond of estimating the value of human lives in dollars, you can readily see how many billions we save to the world every year.

As to the places which have been converted from pest-holes into summer resorts, with summer resort mortalities, we need only point to Panama. And it is not the quacks and the detractors of scientific medicine who have done it, but the regular physicians and the sanitarians who work hand in hand with us.

Conclusions.

1. The medical profession of the present day is fully alive to its duties and its responsibilities.

2. Medicine of today is thoroughly scientific in its methods, employing the same means of experimental investigation and demonstration as are employed by the other exact sciences.

3. Medicine of today is not shackled by the chains of authority and tradition. On the contrary, every dictum of any

so-called authority, any statement regarding any drug or method of treatment, which has been handed down for ages from text-book to text-book, is called into question, is carefully analyzed and dissected, and if found wanting, discarded. Many drugs which were considered stand-bys by our forefathers have been thrown out from the Pharmacopeia, though they may still be used by old grannies.

4. The profession of today is broad-minded and is willing to investigate any remedy or method of treatment, no matter from what source it may come; it is willing to give a trial to any suggestion if it has a grain of common sense in it, even if the suggestion comes from a quack.

5. The evils which the medical profession is guilty of is not inherent in the medical profession as such; they are the result of our social conditions, of our immoral competitive system, which makes men fight and cut each other's throats in order to make a living, and these evils are much more in evidence in other trades and professions; the legal profession, for instance.

6. The medical profession not only does its duty by the public, alleviating suffering, restoring hundreds of thousands of men and women to health and active, useful lives, but we are making progress from year to year, we are making new discoveries, dealing with the larger problems, increasing the average duration of life, improving sanitation, etc. In short, we deal now not only with individuals, but with national problems.

7. In judging of the life of any man, of the activity of any party, of the value of any movement, of the achievements of any profession, we do not take any single acts or incidents, but we take the sum total. If we take the sum total of the activities of the medical profession, if we subtract all its shortcomings, if we admit even everything our enemies

say about us, the balance of good is overwhelmingly in its favor, and it can truthfully be said to be the most beneficent, the most progressive, the most humane and the most altruistic of all professions.

And therefore to the question: What is the matter with the doctors? I must answer:

There is nothing the matter with the doctors. They are all right!

MEDICAL PROGRESS

Prostatic Pyuria.—In pyuria of prostatic origin, as shown by massage (American Journal of Surgery), if there has been no recent infection and especially if the pus is free from germs, prostatic calculi should be considered. A skilagraph will determine their presence or absence.

Paint for Removing Hairs.—Wm. R. D. Blackwood (April Wisconsin Medical Recorder) recommends the use of iodized collodion, made by adding 160 grains of powdered iodine to six fluid ounces of flexible collodion. Apply once daily for 4 or 5 days, and when the skin peels off the hairs come with it. Sometimes they come out root and all, in which event the cure is permanent.

Postprandial Hiccough.—Howard D. King (New York Medical Journal, Apr. 29) says that heavy eaters should modify their diet, avoiding alcohol, condiments, sauces and dishes of a greasy and savory character; also excessive smoking. The bowels should be kept open and moderate exercise taken. Tincture of *nux vomica* in combination with one of the mineral acids is helpful in chronic cases.

Treatment of Graves' Disease.—Robert Saundby (quoted editorially in Medical Record), says that rest is the chief necessity. This should be combined with fresh air and a diet containing only a small amount of animal protein—abundant simple food with plenty of milk and eggs, but no alcohol, tea, coffee or cocoa. "He agrees with Hale White in holding that surgery in the treatment of this disease has still to gain the confidence of the medical profession."

Diagnosis of Chronic Pancreatitis.—The three most important symptoms, says Deaver (J. A. M. A., April 15), are moderate pain in the epigastrium or beneath the right costal margin, nausea or vomiting without relation to food, and remittent jaundice, without distress or characteristic gall-stone seizures. Colicky pain, when present, is evidence of involvement of the bile passages. Acute exacerbations of chronic pancreatitis may give rise to pain of agonizing severity, with chills and fever. Loss of weight and strength is a nearly constant symptom in chronic pancreatitis. Constipation is the rule, the classical description

of "frequent bulky motions, pale in color, offensive and obviously greasy," holding good only in advanced conditions. The physical examination rarely affords much positive information. Rigidity and tenderness are often noted in the right hypochondrium or over the epigastrium. Gastric analysis shows simply subacidity. The stools are frequently clay-colored, not from lack of bile, as in some cases of gall-stone disease, but from great excess of fat. As regards the Cammidge urinary reaction, Deaver found it one-fifth positive in pancreatitis, and one-sixth positive when no pancreatitis existed.

Nervous Erethism of Exophthalmic Goiter.—Hale White, in his recent Purvis oration (quoted in Therapeutic Gazette), believes that hyoscin is the best drug to be employed for nervousness, restlessness and excitability. For less severe cases paraldehyde is of value; or bromids in mild attacks.

Pruritus Ani.—J. W. Miller (Therapeutic Gazette, Apr. 15), has found a combination of one part resorcin, two parts ichthyol, six parts balsam of Peru and fifty parts of castor oil of great value in pruritus ani, used as a routine treatment when no local irritation can account for the condition. This ointment is applied on cotton and introduced by means of a Hanks hard rubber cervical dilator, and left in until the patient has a movement of the bowels, when it comes away of itself.

Santonin and Castor Oil.—The editor of the Journal of the Indiana State Medical Association warns against giving these two remedies together, since the oil, being a solvent for santonin, increases its absorbability and hence the poisonous systemic effects.

A Useful Escharotic.—Andrew J. Howe (quoted in May Eclectic Medical Gleaner) found a combination of 15 grains zinc chloride and 30 grains salicylic acid to an ounce of alcohol a useful mild caustic for obdurate ulcers, syphilitic condylomata, warts, moles, fissures and obstinate eczema.

Herpes Zoster.—Wm. F. Waugh (Medical Record, May 27), considers herpes zoster an infectious disease, perhaps of epidemic character. He regards zinc phosphid an efficacious remedy in this disease, and thinks it should be tried also in acute poli-

omyelitis, after removing intestinal toxemia with laxatives.

Thyroid insufficiency and Pseudo-Nephritis.—Marchiafava (quoted in Critic and Guide) says that casts and albumin in the urine may be due to thyroid insufficiency and be curable by thyroid medication. Other signs of such insufficiency are somnolence, obesity, dry skin, chilliness, slow, weak pulse, hoarse voice, languid, uncertain gait and perhaps a swollen face.

Abortive Treatment of Acute Tonsillitis.—Harold Hays (Medical Record, May 13) recommends the local application of 50 per cent silver nitrate solution, after thorough anesthetization with cocaine. The silver solution is applied to the opening of each crypt, the patient afterward using a spray of hydrogen peroxid. "The treatment is painless and cures the disease in 24 hours by destroying the germs at once."

For Coughs and Colds.—The editor of the American Journal of Clinical Medicine is convinced that the very best expectorant for acute respiratory catarrh is ipecacuanha or its most valuable active principle, emetin—dose, 1-67 to 1-6 grain.

An Early Diagnostic Test for Gastric Carcinoma.—Herman Oppenheimer (quoted in Chemical Abstracts) filters the stomach contents, obtained by aspiration 40 minutes after the test breakfast, and adds to 5 cc. of the clear filtrate 3 per cent acetic acid drop by drop. In positive cases a cloudy precipitate results, which dissolves in excess of acetic acid or on addition of a few drops of hydrochloric acid (mucus not so dissolved), but not on dilution with five times its volume of water. The method gave a positive reaction in all cases where the tryptophan test was positive, and it has an advantage over the latter test in not being affected by the presence of blood, trypsin or bacteria.

Sugar as a Heart Tonic.—Goulston and Sawyer (quoted editorially in New York Medical Journal) give very favorable reports regarding the good effects of pure cane sugar (one-half pound daily, eating it from time to time, except just before a meal), in cardiac dilation of the aged, wasting disorders, some forms of anemia, adynamic rheumatism, neurotic neurasthenia, pregnancy and uterine atony.

Treatment of Pernicious Anemia.—Croftan (quoted in Progressive Medicine) has seen progressive improvement under the administration of the maximum amount of proteins, a small daily ration of alcohol, fats in moderation, and vegetables, fruit and bread to make a palatable meal. Frequent feedings in small amounts are enforced. Croftan gives strong hydrochloric acid in 10 to 15 drop doses in mucilage

water after meals; also thyroid extract (to aid assimilation of proteins), 3 to 5 grains three times a day.

Relation of the Thyroid to Menstruation.—Philip S. Roy (May Washington Medical Annals) has seen a case of tachycardia in a girl of 14, which he felt certain was of thyroid origin; the establishment of the menstrual function entirely cured the case. The uncomfortable symptoms (hot flashes, sweats, restlessness, mental disquietude) at the menopause are due to an increased thyroid secretion. If thyroid action is irregular at the normal time of onset of menstruation, this function may not appear, but instead violent headaches and even epileptic attacks. All these derangements can be made to disappear by the proper administration of thyroid extract.

Cool Vaginal Douches.—For acute pelvic inflammation, in addition to rest in bed and the abdominal ice-bag, Goth (quoted in Progressive Medicine) is accustomed to use per vaginam 20 liters of water at 10° or 11° C. twice daily when the abdominal wall is very fat, or when exudate can be felt near the vault of the vagina. When pain and tenderness have disappeared and the temperature is normal, in order to aid absorption he changes to hot applications and douches and tampons saturated with 10% ichthyol-glycerin or 20% protargol-glycerin Alexandron (ibid.) has employed cold vaginal irrigations (one-half hour, gradually reducing from 25° to 10° C.) in certain cases of atony of the uterus or the uterine ligaments, to produce contraction of the pelvic structures. He also recommends cold irrigations in cases of subinvolution and for the control of menorrhagia.

Etiology of Hodgkin's Disease.—Fraenkel and Much (quoted in Progressive Medicine) studied a series of cases of this malady by the usual methods, and also treated the glands, spleen and adrenals with 10% antiformin, and, after centrifugation, stained the residue in the usual manner for the demonstration of tubercle bacilli. In nine out of ten cases of true Hodgkin's disease, with no evidence of tuberculosis, they discovered gram-positive, granulated bacilli which had resisted the antiformin, and which morphologically could not be distinguished from tubercle bacilli. They obtained no positive results, however, by any cultural method.

Treatment of Ringworm.—J. L. Atkinson (Kentucky Medical Journal) recommends as efficient, convenient and comfortable, painting the surface once with tincture of iodine, then applying two or three times daily a 10% or 20% oleate of mercury ointment in lanolin. This method is used by Dr. Dyer of New Orleans with satisfaction in his great clinic.

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PUBLISHED MONTHLY BY

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Subscriptions, \$1.00 per year, in advance.

Single Copies, 20 cents

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Our scale of prices for REPRINTS about covers actual cost. Those requiring reprints of published matter must order at the time of revising their proofs; price list for reprints on application to Business Office.

Entered at the Postoffice at Denver, Colorado, as mail matter of the Second Class.

THE LOS ANGELES MEETING OF THE AMERICAN ACADEMY OF MEDICINE AND OF THE AMERICAN MEDICAL ASSOCIATION.

The meetings just closed of these great medical organizations have been both very pleasant and profitable to those attending them. The Academy of Medicine excursion, under the able leadership of its genial secretary, Dr. Charles McIntire, was a very enjoyable one indeed. We stopped two days in Colorado Springs and two days at the Grand Canon of the Colorado River, and were fully repaid for our time and efforts in both places.

The first meeting of the Academy was held on the evening of June 23rd, and on June 24th and 26th a very interesting lot of papers were read and discussed. The reports on teaching of hygiene in the public schools, medical education, the influence of the public press on the promotion of suicide and crime, by publication of details and

sensational methods were presented and elicited a good discussion. "A Study of Contagious Diseases as Affecting Schools," brought out a spirited discussion, as did also the symposium of papers on "Should There Be Two Degrees in Medicine?"

The American Medical Association convened in the Baptist Auditorium (Bob Burdette's church), on Tuesday morning, June 27th, and while the attendance did not come up to that of some of the meetings held in the Central Western and Eastern States, still it was good and what was lacking in members was made up in enthusiasm by the attending members. The great and beautifully decorated building, which seats about 5,000 people, was packed by the members, their families and friends.

The highly revered and honored retiring president, Dr. William H. Welch, presided with great acceptability and received a great ovation. The various addresses of welcome were good and to the point. The incoming president, Dr.

J. B. Murphy, was also well received, and read his address, which contained some valuable suggestions.

The sections were quite well attended and those that the writer attended (Hygiene and Preventive Medicine and Practice of Medicine) had many valuable papers which were well discussed.

Taken all in all, notwithstanding the many outside attractions, the atmosphere appeared to be pervaded by an enthusiastic scientific spirit and a determination to arrive at the truth, wherever that might lead them. The scientific exhibit, under the able direction of Dr. Frank B. Wynn, was well attended and very favorably commented on. The exhibits of surgical, electrical and other instruments, pharmaceutical products and medical books were good, and every courtesy was shown to visitors.

Our genial and versatile friend, Dr. Abbott, of alkaloidal fame, was present and received his many friends and visitors in his inimitable manner, and added many to his already long list.

The cities of Los Angeles and Pasadena and their citizens received us in the most generous and hospitable manner, and the entertainment they gave us will be the envy, if not the despair, of the cities that succeed or try to imitate them.

The Busch Sunken Gardens are a veritable fairy land of natural beauties and splendors, and the trip over the blue waters of the Pacific to the Cataline Islands, with the wonderful submarine gardens, will leave an impression, never to be effaced, on the minds of those who had the privilege of seeing them.

Taken from every point of view the meeting was a great success, and the departing physicians are leaving with heartiest good wishes for the beautiful city of Los Angeles and her hospitable people. Fraternal yours,

E. STUVER.

SOME SUCCESSES AND A FEW FAILURES OF MODERN MEDICINE.

In the sixteenth century the average length of life was only $21\frac{1}{4}$ years. At the end of the nineteenth century the span of existence had been lengthened to $40\frac{1}{2}$ years—a remarkable difference, due almost entirely to preventive medicine. The Black Death, or bubonic plague, which swept away one-fourth the entire population of Europe, is now by sanitary measures practically confined to benighted China and India. In the century before Jenner's great discovery, one-tenth of all the people of the globe perished from smallpox, and in England one person in every three was badly pock-marked. Where compulsory vaccination is strictly enforced, smallpox has been essentially annihilated, as in Prussia, where the mortality has been reduced to 0.36 per 100,000 population—a marked contrast to the statistics of France, where vaccination is not compulsory, and where from 1870 to 1895, 20,000 people died from smallpox in Paris alone.

Between 1702 and 1878 yellow fever invaded the United States 112 times, the most terrible visitation being in the last named year at Memphis, where there were 17,600 cases with 6,000 deaths in a population of 19,500. In 1900 Major Walter Reed, working in Cuba on the United States Army Yellow Fever Commission, discovered that yellow fever was transmitted solely by the mosquito, *Stegomyia fasciata*. Acting on this discovery, prophylactic steps were taken which have kept Cuba, Panama and our southern states free from the scourge for the past decade. Gen. Leonard Wood, at the memorial service in honor of Major Reed, said: "I know of no man who has done so much for humanity, as Major Reed. His discovery results in the saving of more lives annually than were lost in the Cuban war, and saves the commercial interests of the world a greater

financial loss each year than the cost of the entire Cuban war."

As late as 1885, cholera caused 120,000 deaths in Spain, and in 1886 100,000 deaths in Japan. The way to prevent the disease was strikingly shown in the Hamburg epidemic of 1892. Among the people of Hamburg, who drank unfiltered water from the Elbe, there were 17,000 cases, while in the adjoining city of Altona, which got its water supply from the Elbe, below where the sewage of Hamburg entered the stream, but purified this water by filtration, there were only 179 cases. Typhus, jail or ship fever is now almost unknown in civilized countries. Captain Cook, in his first voyage around the world (1772-1775), proved that the dreaded scurvy could certainly be prevented by an ample supply of lime juice. The oriental scourge beri-beri was shown by Takaki to be due to an insufficiency of nitrogenous food. The dietary of the Japanese navy was changed accordingly, with the result that in the war with Russia not a single case appeared in the floating force of over 25,000 men, whereas in the troubles with Korea, in 1882, the efficiency of the Japanese navy was impaired almost one-half by this disease.

What an improvement in the incidence of typhoid fever can be brought about by the use of pure water, is illustrated by the city of Munich. In 1856 the mortality from typhoid in this city was 2.91 per thousand population. "At that time the soil of the city was honey-combed with cesspools, and a large part of the water supply was obtained from wells and pumps sunk in this soil." In the next 31 years the city underwent a radical sanitary reform—a good sewage system and a pure water supply—with the result that the mortality from typhoid in 1887 had reached the very low rate of 0.1 per thousand population. In the Spanish-American war one-fifth (20,738 in a total of 107,973) of the soldiers in our national en-

campments had typhoid fever. The Japanese sanitary administration was so much more efficient that there were only 187 typhoid fever cases during seven months' active campaign in General Oku's army of 100,000 men. However, the prophylactic typhoid vaccination of the American army recently mobilized along the Rio Grande, appears to have prevented any outbreak of the disease among the soldiers. But typhoid still causes about 15,000 deaths annually in the United States.

The tribute of the world at large to the Great White Plague still continues to be about a million souls per annum, but where any organized effort has been made to check the inroads of pulmonary tuberculosis, the results have been strikingly encouraging, as in Greater New York, where the death rate has decreased 40 per cent since 1886. Laboratory methods find their most notable vindication in diphtheria antitoxin, which has reduced the mortality of this disease from 40 or 50 per cent to less than 10 per cent. Untreated rabies ends in death in about 47 per cent of cases. The Pasteur preventive treatment has lowered this mortality to considerably less than 1 per cent. Malaria, which made impossible the digging of the Panama Canal by the French, has now been practically conquered in the canal zone through measures designed to destroy the hosts of mosquito hosts.

But unfortunately there is another side to the shield, dark and discouraging. That "captain of the men of death" (Bunyan, Osler), pneumonia, has increased its death rate three and one-half times in the past fifty years—apparently from the fresh air starvation of city life. "There are more deaths from this disease under the age of five years than from any other disease" (Ditman), yet it is preventable. Cerebrospinal meningitis and acute poliomyelitis are of increasing occurrence, though the Flexner serum

gives great promise in the former malady. The number of syphilitics in the United States has been estimated at 2,000,000. Three-fourths of all conditions of pelvic inflammation in women are due to gonorrheal infection, and about one-half of all cases of blindness are attributed to the strictly preventable gonorrheal ophthalmia of the newborn. The mortality rate from heart disease, diabetes and nephritis has practically doubled within the past thirty years. Cancer has become so prevalent that it is said (Ditman) at the present day, of all persons who reach the age of 35 years, one in every 21 men and one in every 12 women eventually die of cancer. Surely there are fields yet to conquer, and suffering humanity to save.

THE "SCHOOL" OF "CHRISTIAN SCIENCE."

In its issue of July 5th, the Denver Republican has the following to say, *inter alia*, anent the Garrigues state supreme court decision in the matter of "divine science" healing for a consideration:

"The state supreme court on Monday handed down an opinion that will cause considerable discussion and further litigation, dealing with the "healer". That opinion is materialistic and eminently practical, in a sense. It states in effect that so long as it is not a commercial transaction the "healing art of Aesculapius" is free; when the practitioner accepts a fee he must recognize the statutes and the state medical board of examiners and appear for examination respecting his qualifications to "heal", whether it be metaphysical healing or purely physical healing through the administration of drugs.

"Yes, but who is to be the judge of the qualifications of the mental healer, who uses no medicine and who makes no physical examination? Not the "saw-bones" of the medical board, for he is prejudiced and sits in another sphere. Herein is where the Garrigues opinion will come under the scalpel.

"One modern religion that has much to do with bodily ailments, superinduced by evil or error, authorizes its recognized practitioners to charge fees. They do not resort to drugs; they are taught and licensed in another school. The tests which would be applied to them by the state board of medical examiners would be repulsive in form and effect. Generically speaking the "new thought" movement is in antagonism to the old school of medicine with its germs and bacilli and its anti-toxins. Did the high court have this movement in view when it wrote its opinion regarding "healers"? Perhaps the answer to this might be found from the record of the "lowly Nazarene", who was without a scale of prices.

The last paragraph, no doubt, refers to the healers practicing for pay under authority from the late lamented Mary Baker Glover Patterson Eddy. We would recall to the recollection of our editorial friend the following advertisement from the Christian Science Journal of September, 1886:

"The collegiate course in Christian Science metaphysical healing includes twelve lessons. Class convenes at 10 a. m. The first week, six consecutive lessons. The term continues about three weeks. Tuition, three hundred dollars. Tuition for all strictly in advance."

And again in the same publication for December, 1888:

"Having reached a place in teaching where my students in Christian Science are taught more during seven lessons in the primary class than they were formerly in twelve, and taught all that is profitable at one time, hereafter the primary class will include seven lessons only. As this number of lessons is of more value than twice this number in times past, no change is made in the price of tuition, three hundred dollars. Mary G. Eddy."

We can conceive that a faker at a county fair might be able to teach the thimble-rigging trick to another person in twelve or even in seven lessons, but for any subject which really merits

the name "science" to be learned in such a short period is absurdly impossible. Doctors of divinity as well as doctors of medicine spend years in acquiring the knowledge essential to the practice of their profession, but any interested individual who had \$300 to invest could become a full-pay accredited practitioner of Eddyism after seven short lessons! A plumber serves five years' apprenticeship before he is fully free to follow his trade. You cannot shave another man for pay, nor shoe his horse, in this state, unless you have had a regular course of training in the art. We have sometimes wondered why those attorneys who manifest their zeal for "Christian Science" as a healing institution, do not seek to grant the "healers" the right to practice law in the courts of this state. Surely the latter would do much less harm in counseling and pleading for their clients than in "monkeying" with human health and life.

In conclusion, and somewhat out of connection, it seems to be the case that the devotees of Mrs. Eddy do virtually acknowledge a sort of personal material superficialities, or shell, analogous to the beetles. They go to the hair-dresser, the manicure and chiropodist, to the dentist for their teeth, and to opticians about their eyes, but apparently they have no heart, stomach, lungs or liver, and obviously no brains. On the authority of the pharmacists, we may further affirm that the female Eddyite is prone to employ hair dyes, "skin foods," face creams and other cosmetics, wherewith to enhance the illusory appearance of that imaginary integument which envelops her individual portion of Divinity.

GLYCERIN.

Scheele, who discovered this compound in 1779, termed it the sweet principle of fats, from which it is extracted by heating with water or an alkaline solution, and is purified by distillation.

It is produced in small quantities by alcoholic fermentation, and is therefore present in fermented liquors, as well as in the small intestine from pancreatic digestion of fats. Glycerin is one-fourth heavier than water; hence, to render it non-irritating by reducing its specific gravity to that of blood serum, it should be diluted with four parts of water. Glycerin solidifies to a gummy mass at -40° C., and is practically non-volatile; it boils at 290° C. It ignites at 150° C. and burns with a blue flame. Glycerin is freely soluble in water or alcohol, not in ether, and is an excellent solvent for alum (40%), boric acid (10%), borax (60%) and tannic acid (50%).

Glycerin does not ferment with yeast, and so may be used in place of sugar as a sweetener and preservative, as well as in fluid extracts. It is employed pharmaceutically in extracting enzymes, natural colors, scents and flavors, and in making soft gelatin capsules. It is readily absorbed, and there is no record of poisoning from its medicinal employment. The urine of persons taking glycerin reduces copper solutions (glycuronates), which led some of the older writers to consider it contraindicated in diabetes mellitus.

Therapeutically glycerin is emollient, depletant, laxative, antiseptic, nutrient and parasiticide. As a lubricant it is much used in face "creams" and for chapped hands and lips, bed-sores, fissured anus, boils and carbuncles, and occasionally in acute coryza of gonorrhea. Plasmas are non-fatty ointment substitutes consisting principally of glycerin and water thickened into a gelatinous mass with starch, gelatin and other agents. As a mouth wash in febrile conditions equal parts of glycerin and water or lemon juice form a grateful remedy; and the glycerite of boro-glycerin is effective in thrush. The glycerite of tannin, applied with a brush, is serviceable in both acute and chronic pharyngitis. For the cough of

phthisis Bartholow recommended a mixture of two parts glycerin, one part whisky and sugar as desired, allowing the medicine to trickle slowly down the fauces. In many instances of hyperacidity and flatulence, glycerin (dram doses after meals) is an effectual remedy.

Glycerin absorbs twice its volume of water, and so depletes congested tissues, as in the clay poultices so much used of late years. In the vagina tampons dipped in the glycerite of boro-glycerin or of tannin, ichthyol and glycerin or two per cent zinc sulphate in glycerin, are regularly employed with good effect for congestive and inflammatory pelvic troubles. Carbolyzed glycerin (1 to 4 or 1 to 8) is remedial in earache, impacted cerumen and for insects in the auditory canal.

For laxative purposes glycerin is best administered locally—one or two drams with a syringe, or in the form of glycerin suppositories. It is somewhat irritating and excites the secretion of mucus, but is altogether about the best medicament for the mechanical constipation so common in young infants.

Shoemaker regarded glycerin (tablespoonful doses) as the best remedial agent for trichiniasis. Petri (quoted in *Progressive Medicine*) reports three cases of *Anguillula intestinalis*, where ordinary vermifuges had failed. He gave 25 grams of glycerin and the same amount in capsules with 30 grams by rectum two hours later, repeating in two days, with complete success.

CLINICAL COAGULOMETRY.

The clotting of blood is believed to be due, first to the union of calcium salts, through the agency of the activator thrombokinase (from plaques and leucocytes of shed blood) with the zymogen prothrombin (in circulating plasma), forming fibrin ferment (thrombin), which in turn combines with fibrinogen to form a network of elastic

fibrin threads, which enmesh and contract upon the corpuscles, making the clot and setting free the serum. Coagulation is prevented by the presence of oil, or by adding to the freshly drawn blood a 0.1% solution of ammonium oxalate (precipitates calcium salts) or a 1% solution of sodium citrate.

The coagulation time of healthy human blood, as ordinarily removed from the capillaries, averages about five minutes, with a minimum of three and a maximum of eight minutes. Normal variations may be due (Faught) to some of the following factors: 1. The depth of the incision, coagulation being slower from a deep than from a superficial lance wound. 2. The amount of pressure applied to the tissues to start the flow. 3. The amount of blood shed. 4. The nature of the receiving vessel and its temperature (cold slows clotting). The specimen is best taken midway between meals, and not after ingestion of drugs, which might influence the coagulation period. The best method of clinical coagulometry, in the writer's opinion, is by means of the microscope, using the improved instrument of Boggs.

From observations upon a large number of patients, the coagulation time has been found to be lengthened in hemophilia, asphyxia, jaundice, scurvy, purpura, typhoid fever (lengthened clotting time indicates impending hemorrhage), coal-gas or phosphorus poisoning, salpingitis, gastric ulcer, cancer and apoplexy. Increase of fibrinogen (hyperinosis), as in pneumonia, rheumatism and erysipelas, favors clotting and thrombosis. The opposite condition (hypinosis) is said to obtain in malaria and pernicious anemia.

The chlorid and lactate of calcium (best given in capsules, succeeded by a drink of water) have been much used for hemorrhagic conditions, following Wright's recommendation, and gelatin (contains considerable calcium salts)

has been administered by mouth, by rectum and subcutaneously.

Hemophilia, however, appears to be due, not so much to lack of calcium, as to deficiency of thrombokinasase, and is most benefited by the injection of fresh human serum (next best are horse serum and diphtheria antitoxin), 10-20 cc. intravenously or twice as much subcutaneously. Wolf and Herry arrested hemophiliac hemorrhage in nine cases

by a subcutaneous injection of 10 cc. 5% solution of Witte's peptone (readily sterilized) in 0.5% solution of sodium chlorid. Nolf and Nobecourt (quoted in *Progressive Medicine*) recommend the same treatment in purpura hemorrhagica. Other remedies which have been utilized in these conditions are thyroid tablets, adrenalin and a milk diet.

PERSONALS

Dr. C. N. McCarty has located at Holly.

Dr. R. L. Thorp has a fine new motor car.

Dr. Bronk, of Rocky Ford, is ill with typhoid fever.

Dr. L. T. Durbin has removed to 203 Tramway Building.

Dr. J. M. Blaine has about recovered from a severe illness.

Dr. Claude E. Cooper spent a part of July with his family in Estes Park.

Dr. H. C. Smiley has taken offices in the Central Savings Bank Building.

Dr. J. H. Maier has engaged in practice with Dr. E. W. Kearby of Rocky Ford.

Dr. S. D. Van Meter has taken a suite of offices in the California Building.

Dr. and Mrs. H. R. Stilwell are spending the summer on Catalina Island.

Dr. A. G. Staunton has taken offices in the Central Savings Bank Building.

Dr. Byron Meldrum, of Buffalo, Wyo., died of appendicitis in Omaha, July 7th.

Dr. J. H. Bush, of Sterling, has been appointed U. S. Pension Examining Surgeon.

Dr. A. H. Ketcham, the orthodontist, announces his removal to 724-726 Mack Building.

Dr. H. S. Shafer has returned to Denver after two months' rest on the Pacific coast.

Dr. E. C. Hill has been reappointed collaborating chemist of the U. S. Bureau of Chemistry.

Dr. E. C. Rivers is taking a trip from New York to Nova Scotia and return in his power boat.

Dr. A. E. Grant is out of the hospital after a successful operation performed by Dr. J. R. Hopkins.

Dr. R. M. Pollock, of Rocky Ford, recent-

ly spent a fortnight with the Mayos at Rochester, Minn.

Dr. F. W. Acker, Idaho Springs, has very successfully arranged part of his residence for hospital uses.

Drs. Smythe and Mastin have removed from the Majestic to the seventh floor of the Mack Building.

Dr. E. R. Neeper, of Colorado Springs, is spending his annual vacation at the Colorado, Glenwood Springs.

Dr. and Mrs. W. L. Horn have returned to Boulder from Los Angeles, the doctor being much improved in health.

In June, 1911, there were 27 deaths in children under one year of age in Denver, as compared with 37 in June, 1910.

Dr. E. Stuver, of Fort Collins, was greeting friends in Denver, July 18th, after four weeks' absence on the Pacific Coast.

Dr. Valentine B. Fischer, of Boulder, was united in matrimony to Miss Helen May Waltmeyer of the same city, July 25th.

Dr. J. A. Lawson, of Rocky Ford, recently spent a week with Mrs. Lawson at Albuquerque and found her much improved.

Drs. T. Mitchell Burns, Charles A. Ferris and Agnes M. Ditson have removed to the sixth floor of the Metropolitan Building.

We are pleased to note that Mrs. Stemen, wife of Dr. George C. Stemen, is recovering nicely in the hospital after a severe illness.

Dr. and Mrs. Dillingham, of Mead, took a fortnight's vacation last month in the Yellowstone National Park and at Salt Lake City.

Dr. F. E. Waxham is making a gradual recovery from the hemianesthesia from which he was suffering, and is able to keep his office hours again.

Dr. E. F. J. Schmitz, house physician of the Hotel Colorado, has returned to Glenwood Springs from three months' sojourn in London and Paris.

At the recent meeting of the Colorado Dental Association in Boulder, Dr. H. F. Hoffman, of Denver, was chosen president, and Dr. C. A. Monroe, of Boulder, secretary.

Dr. Oscar Harruf, of Pueblo, was fatally injured, July 26th, when his automobile was struck near Pinon by a rapidly moving Rock Island train. He is survived by a mother, a wife and two children.

The Louisiana health exhibit train, under charge of Dr. Oscar Dowling, stopped in Denver July 10-12. Those who had the pleasure of viewing the exhibit found it very interesting and instructive.

Drs. J. A. Haldane and Gordon Douglas, of Oxford University, England, are conducting experiments on the summit of Pike's Peak, to determine what changes take place in human blood at high altitudes.

Colorado was well represented in the attendance at the meetings of the American Academy of Medicine and the A. M. A. Dr. J. N. Hall's genial smile and hearty welcome were very much in evidence.

Dr. Charles Ambrook, a pioneer Boulder retired physician, first secretary of the State Board of Health, and first commander of the Colorado G. A. R., died from cerebral hemorrhage, July 23rd, at the age of 71.

The host of friends of Dr. E. A. Lee, the pioneer physician of Fort Collins, will be grieved to learn of his death last month at a ripe old age. Dr. Lee was the father of Mrs. Kickland, wife of Dr. W. A. Kickland.

Dr. L. P. Barbour brought up from Rocky Ford, July 14th, Night Marshal J. A. Kipper, who, with Marshal Craig, was shot by a negro on July 4th. Dr. Freeman operated and removed the bullet from one of the cervical vertebrae.

Adj. General John Chase was marshal of the big Fourth of July parade in Denver. The parade was a distinct success, and was the first within our memory to start on time. The celebration was "safe and sane," without a single fatality and but few minor injuries.

There are quite a number of cases of smallpox in Idaho Springs. In every instance the persons had not previously been

vaccinated. Then again Idaho Springs has quite a colony of "Eddyites," so-called Christian Scientists, evidently a "mortal error" somewhere.

The State Board of Medical Examiners have elected Dr. S. D. Van Meter, president for the ensuing year; Dr. R. W. Arndt, vice president, and Dr. David A. Strickler, secretary-treasurer. The other members of the board are Dr. Charles S. Elder, Dr. M. E. Preston and Dr. Leonard D. Bartz.

Dr. and Mrs. Edward Jackson left Denver early in July for two months' vacation, chiefly in England. Before crossing the Atlantic, Dr. Jackson presided over the Connecticut meeting of the American Ophthalmological Association. Dr. William H. Crisp is in charge of the combined practice during the absence of Drs. Jackson and Libby.

The Colorado State Board of Medical Examiners has won a notable victory in the decision of the State Supreme Court, Justice Garrigues writing the decision, in the case of Edward C. Smith, the divine science healer, convicted of practicing medicine without a license. It is high time that the use of Christianity as a trademark be ended.

Dr. E. Stuver delivered an address on "What Influence do Stimulants and Narcotics Exert on the Development and Health of the Human Body," at the Hollywood Presbyterian Church on the morning of June 25th, and the same address at the Immanuel Presbyterian Church on the same evening to large audiences. On Tuesday, June 27th, he delivered this address to the Fraternity Club and was very enthusiastically received. The address was published in full in the Pacific Prohibitionist June 28, 1911.

Larimer County Medical Society special meeting, July 8, 1911. Called by the president to take action on the death of Dr. E. A. Lee, met in the Y. M. C. A. building at four p. m. There were present Drs. Rew, Schofield, Halley, McHugh, Killgore, Sadler, Dale, Replogle, Quick, Taylor, Winslow and Upson. A committee of three, consisting of the President and Drs. Quick and Sadler, was appointed to meet Dr. Kickland and his wife at the train. A committee of three consisting of Drs. McHugh, Taylor and Replogle was appointed to look after the floral decorations and to draw up suitable resolutions of respect, the

same to be sent to the members of the family and be embodied in the minutes of the society. By a unanimous vote the doctors agreed to attend the funeral in a body.

P. J. McHUGH,
Acting Secretary.

Dr. R. E. Jones, who has practiced medicine very successfully at Steamboat Springs for several years, has removed to Denver; office, 1411 17th street (Alamo Hotel).

FOREIGN JOURNALS

(Abstracted by Dr. W. H. Crisp.)

Denver, Colo.

Inoculation of Apes with Malignant Syphilis.—Tamoszczewski reminds us that the malignant forms of syphilis have from every standpoint a distinct clinical position. The secondary period is short or almost completely lacking. Ulcerous foci in large numbers usually appear early, and are generally accompanied by fever and sundry other general disturbances. Relapses having the like character commonly follow at short intervals. It is further to be remarked that as a rule only very energetic mercury treatment is likely to be successful, and on the other hand that organic arsenic preparations, especially salvarsan, have almost without exception a surprisingly favorable action. The author quotes Buschke and Fischer among others, as having reported their failure to discover the spirochete in cases of malignant syphilis. He himself was only able to demonstrate the organism once in seven cases carefully studied by means of the dark microscopic field, although this mode of examination commonly affords the best prospect of finding the spirochete. Buschke and Fischer supplemented their study of malignant syphilis with inoculations of apes; and in ten typical cases were able to successfully inoculate the macacus in nine instances. Yet in no single instance were they able to demonstrate the spirochete in the resulting lesions. Tomaszewski has recently inoculated apes with the virus from three several cases of malignant lues. In none of the human patients could he demonstrate the specific organism. The inoculations were done subcutaneously in the eyelids. In each case the resulting lesions showed numerous spirochetes, more particularly by dark field examination, but also with the Giemsa stain. (Berl. Klin. Woch., May 15, 1911.)

Wassermann Test of Danish Feeble-Minded, Epileptic, Blind, and Deaf and Dumb In-

stitutional Patients.—A number of authors have used the Wassermann test to investigate the relationship between syphilis and mental and nervous defects as well as defects of the special senses. Such an inquiry was started by Thomsen, Boas, Hjort and Leschly in the year 1909 as regards all the inmates of Danish institutions for the feeble-minded, epileptics, the blind, and the deaf and dumb. The authors, who now publish their report, comment on the lack of agreement of the results obtained by other writers, which they attribute largely to the fact that the information has been obtained from material which was not uniform in character, particularly as regards city or country population, and the age of the patients. The figures which are now reported show that of 2,061 feeble-minded patients only 31 (1.5 per cent.) reacted positively to the Wassermann test; that of 259 epileptics only one (0.39 per cent.) so reacted; that no positive reaction was obtained among the 146 blind cases examined; and that only three out of 344 deaf and dumb patients were positive. The authors, therefore, conclude that their investigation does not suggest a greater etiological significance for syphilis in the diseases named than had hitherto been assumed. (Berl. Klin. Woch., May 15, 1911.)

Suspicious Phenomena in Patients Treated with Salvarsan.—The general reception given to salvarsan has been so enthusiastically favorable that, whatever the final judgment may be on the various questions arising, it is entirely wholesome that there should be some vigorously hostile critics. Among those whose criticism is deliberate and thoughtful may be numbered Finger, of Vienna, who now returns to the charge on the score of the possible toxic influences of salvarsan. We have to consider, he says, two possible explanations for a number of

the post-salvarsan disturbances which have been recorded: First a direct connection of these disturbances with arsenobenzol; second, also the possibility of a combined action of arsenobenzol with syphilis, in the sense that the first may create *loci minoris resistentiae* in which the lues becomes localized. The author points out that a number of others have now come round to his view that the frequency of nerve relapses among the salvarsan cases is greater in proportion than that among the total cases of syphilis; and also that several authors have published cases of death which they regard as due to arsenic poisoning. Finger describes three cases (two of them already in part given in the literature) in which the disturbances of the cerebral nerves did not show that prompt response to anti-syphilitic therapy which is usually seen in recent cases of syphilis. Two of the cases mentioned showed arsenic in the urine at respective distances of nine and seven months after the intra-muscular injection of salvarsan. The resorption of the drug from the muscle depot had therefore lasted all this time. The dictum of Geronne and Gutmann, that the symptoms in such cases are not those belonging to arsenic poisoning, is disputed; and the author recites a list of the less usual results of such poisoning which he has been able to discover in the literature, and which he thinks include the symptoms described as occurring after administration of salvarsan. He would absolutely abandon the subcutaneous and intramuscular modes of administration, as being dangerous in several respects. But although he feels certain that salvarsan possesses neurotropic properties, yet he wishes to be understood as admitting that these do not, so far as his experience goes, appear with very great frequency; do not usually extend to complete loss of the function involved; and do have a tendency to spontaneous recovery. (*Berl. Klin. Woch.*, May 1, 1911.)

Death After Use of Salvarsan in Spinal Disease.—One of the most interesting and difficult questions concerning salvarsan relates to its effect on syphilitic and meta-syphilitic diseases of the nervous system. The contradictions furnished by various complications have especially to be established. The following case is therefore re-

lated by Westphal. Five years previously a woman of 33 years, with a history of three miscarriages without evident cause, had developed double vision, with attacks of dizziness and vomiting. There were also general motor disturbances. On examination the patient was found to be extremely irritable and tender over the whole body. There were reflex pupillary immobility and paralysis of the left abducens. The patellar and Achilles reflexes were absent. A strong positive Wassermann reaction was obtained from both the blood and the spinal fluid. 0.4 gm. of salvarsan was given at the patient's wish, being administered by the intramuscular method. After seven hours difficulty in breathing occurred; and that night death occurred with symptoms of diaphragmatic paralysis, although the condition of the pulse was apparently good to the last. The autopsy and histologic examination, of which a detailed account is given, showed syphilitic aortitis, and further a combination of tabetic lesions with those of recent luetic spinal meningitis. The phrenic paralysis was explained by the fact that the severest disturbance of the anterior roots was found at the level of the fourth cervical segment, that is at the point of exit of the root fibers of the phrenic nerves. . The author believes that the reaction of the spirachetes, probably very numerous in the spinal tissues, to the dose of salvarsan caused hyperemia and edema with resulting increase of pressure on the already injured phrenic nerve roots; the outcome being speedy paralysis and death. He further suggests that without an exact microscopic post-mortem study, the diaphragmatic paralysis might easily have been falsely attributed to a direct toxic action of the salvarsan; and that the numerous involvements of cranial nerves which have been reported may be due to violent reaction of already diseased nerves to the combat between the drug and the spirochetes. If his case and these others are really analogous in their etiology, his is the first case in the literature to have demonstrated by anatomic examination the correctness of this view. (*Berl. Klin. Woch.*, May 29, 1911.)

The Foot as the Thermometer of the Middle Ages.—Those obstetricians, says Kocks, who like himself have experienced the in-

ability of the midwife to judge with her hand the temperature of the water used for bathing the newborn, and who know how often the use of the thermometer on such occasions is merely a matter of form, should be interested in a couple of prints which indicate the method which was employed before the invention of the thermometer. The method in question consists simply in the nurse placing one or both of her own feet in the bath, before and possibly also during the bathing of the child. The writer, who used to feel disposed to pity the children who were born before the use of the thermometer (since women who often work with their hands in hot water are seldom good judges of its temperature), first learned of the excellent method formerly employed by seeing a copy of a print which had accompanied a work on midwifery published by Euchasius Roesslin in the year 1529. In this wood-cut the mother is shown as having apparently just completed her labor. The midwife, who sits upon a low chair and holds the child in her lap, has removed her shoes and stockings and has both feet and legs to the middle of the calves immersed in the bath in which she is about to place the baby. A woman stands close by with a vessel of hot water, probably waiting to

hear from the nurse whether the temperature of the bath is as it should be. Through an open door other similar vessels are seen on the kitchen fire. Several other illustrations are described. One of them, by Guido Reni, represents the nativity of the Virgin Mary, the setting being an Italian kitchen of about the year 1600. In this case the nurse has only one foot in the water. (Berl. Klin. Woch., June 19, 1911.)



BOOKS

Education and Preventive Medicine.—By Norman Edward Ditman, Ph. D., M. D. Price, 25 cents. 1911. Columbia University Press. Lemcke & Buechner, agents, 30-32 West 27th street, New York.

This brochure represents a well executed attempt to show what has been accomplished and what remains to be done to reach Pasteur's ideal of the total disappearance from the world of all infectious diseases. The 73 octava pages of the text include a large number of instructive charts. The author makes a plea for a school of preventive medicine, of which in the future every health board force must consist of its graduates. In an editorial in the present issue we have made free use of Dr. Ditman's rich granary of facts.

E. C. H.

Spirochaetes.—By W. Cecil Bosanquet, M. D., Fellow of the Royal College of Physi-

cians, London. Octavo of 152 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Artistically bound. \$2.50 net.

The great interest manifested in that species known as *spirocheta pallida* renders the appearance of this handsome monograph especially timely. The author describes at length and with true scientific precision the general characters of the spirochetes and the differential characteristics of the 52 known species thereof. The various methods of staining are briefly set forth. The text is illustrated with 90 figures and a beautiful colored frontispiece. Dr. Bosanquet regards the spirochetes as much more closely allied to the bacteria than to the protozoa. He states fairly the evidence pro and con as to the etiologic relation with syphilis, and says in conclusion: "After a review of all the evidence at pres-

ent available, we can therefore only conclude that while there is a considerable probability that the *spirochaeta pallida* is the infective agent in syphilis, its position is not yet established with absolute scientific certainty."

E. C. H.

International Clinica.—A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D. Volume II. Twenty-first series. 1911. Price, \$2.00. Philadelphia and London: J. B. Lippincott Company.

Among the 27 contributions and 292 pages of this number of *International Clinica* there is much of timely interest and value. Lawrence F. Flick gives a tabulated report upon progress in the tuberculosis campaign in Pennsylvania up to 1911. B. A. Thomas describes his method for the intravenous administration of salvarsan in the treatment of syphilis. Wm. Zentmayer offers practical suggestions for refraction work by the general practitioner. A. Laphorn Smith writes of "Some Advances in Obstetrics During the Last Twenty-five Years." In the post graduate course Wm. S. Wadsworth, coroner's physician for Philadelphia, discussing wounds, gives information of great practical utility in performing autopsies. The volume is well illustrated with plates and other figures.

E. C. H.

Progressive Medicine.—A quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart A. Hare, M. D.; assisted by Leighton F. Appleman, M. D. Volume II. June, 1911. Price, \$6.00 per annum. Lea & Febiger, 708 Sansom street, Philadelphia.

The contributors to the present volume include John A. Clark, Wm. B. Coley, Arpad G. Gerster, Edward Jackson and Alfred Stengel. Roentgen rays in the diagnosis of abdominal conditions are discussed at length, with illustrations. Gastroscopy as a practical diagnostic method is likewise considered and illustrated. Much that is interesting and important is brought out regarding cancer of the uterus. In the treat-

ment of pelvic inflammatory diseases a number of novel and apparently rational methods are described. The vaccine treatment of vulvovaginitis appears to be the most effective method to date. Quite a number of salient relations of diabetes and of Addison's disease are presented. Numerous points of practical value in ophthalmic work are set forth in Dr. Jackson's section on ophthalmology.

E. C. H.

One Thousand Surgical Suggestions.—By Walter M. Brickner, B. S., M. D., Adjunct Surgeon Mount Sinai Hospital, Editor-in-Chief American Journal of Surgery, with the collaboration of James P. Warbasse, M. D., Harold Hays, M. D., Eli Moschowitz, M. D., and Harold Neuhoof, M. D. 225 pages; cloth bound, semi de luxe, \$1; full de luxe, leather, \$2.25. Surgery Publishing Company, 92 William street, New York.

This is one of those companionable books that one likes to keep within easy reach. The author's statements are brief but clear, and each one presented as a fact, and no doubt is the best of his wide personal experience.

To the general practitioner it offers a store of knowledge he would find difficult to obtain elsewhere. A few more suggestions on burns would be appreciated. I believe he mentions burns but three times in the present issue. It is certainly a book with a "pay streak" in it. HAZLETT.

Joint Tuberculosis.—By Leonard W. Ely, M. D., of Denver, Colorado. Wm. Wood & Co., New York. Price, \$2.50.

This is one more to be added to a number of creditable books written by Colorado doctors. It is no easy matter to write a book, and when the effort has once been made the author should receive all the credit due him. Especially is this true of members of our local fraternity, because a successful book must increase the standing of the entire medical profession of Colorado. From this standpoint, Dr. Ely, we acknowledge to you our obligations.

The volume, of 243 pages, is well printed and contains many excellent illustrations, a number of which were prepared by Dr. A.

J. Markley, of Denver. It is divided into two sections, the first dealing with joint-tuberculosis in general, and the second with its local manifestations.

According to the author, there has been confusion in the past regarding joint-tuberculosis, because of a lack of knowledge of its real pathology. This he attempts to supply by means of original pathological observations supported by clinical experience. In the introduction he frankly admits that "much of what follows has not been absolutely proved, and some of it may be overturned by those who come after, but I am convinced that in the study of pathology, corrected by clinical experience, I have found the key to the phenomena of joint-tuberculosis." There will of course be some who will not agree with him in this, but no one can doubt that he has made a good effort.

His definition of joint-tuberculosis is "the reaction of the tissues in and about a joint, or some of them, to the presence of tubercle-bacilli and of their toxins." The bacilli practically always reach the joint through the blood; but it has not been definitely settled whether the infection may sometimes be primary, or whether it is invariably secondary to some other focus.

It seems to be settled that the disease itself is not inherited, but only the inability to resist it, "the entire trend of modern opinion being away from heredity and toward infection from without."

In the causation of joint-tuberculosis the author does not regard trauma as a very important factor, thus differing essentially from a number of other authorities. "Trauma is not essential to the occurrence of the disease, and probably does not cause a very large percentage of the cases, but, inasmuch as the infective material is supposed to be floating in the blood, any small injury to the joint that causes a minute hemorrhage may possibly determine the location of the disease at that joint." "It is not probable that an ordinary joint-inflammation can change into a tuberculous one."

The chapter on pathology is interesting and suggestive. The author does not agree with the widely accepted view of Nichols that joint-tuberculosis always originates in the bone to the exclusion of the synovial membrane. He thinks that it occurs with about equal frequency in both these struc-

tures, basing his conclusions largely upon the similar occurrence of primary tuberculosis in the synovial membrane of the sheaths of tendons, and upon the careful examination of numerous specimens of tuberculous joints. He does not credit the existence of primary fascial tuberculosis, believing that the disease originates in a bone or in a lymph-node.

He also advances the striking theory, which is the key-note to the entire book, that tuberculosis of the bones always originates in the red marrow of the epiphysis, and never in the yellow marrow of the diaphysis, unless this has been altered by some inflammatory process. He explains this by assuming that the lymphocytes of the blood do not prey upon the bacilli, as is usually supposed, but the bacilli really obtain their necessary nourishment from the lymphocytes and cannot exist without them. Red marrow is rich in lymphocytes while yellow marrow does not contain them unless they are attracted by some secondary inflammation. Hence, from the practical side of treatment, any operation which will cause the disappearance of red marrow will cure the tuberculous disease by starving out the bacilli. Further on in the text he applies this principle to operations upon joints, advocating the removal of just enough of the articulating surfaces to obtain bony ankylosis, without any attempt to eradicate the disease. This, he claims, will cause the disappearance of the red marrow of the epiphyses and the starvation of the bacilli. Also, in the presence of ankylosis the synovium will undergo fibrous transformation, which, as is well known, inhibits bacillary growth, hence the final result will be the cure of the disease. This idea is certainly highly ingenious and may be in every way a correct one, but it will require further confirmation before it is universally acknowledged.

The chapter on Symptomatology is clear and comprehensive, as is also the one on Diagnosis, much stress being rightfully laid in the latter upon the employment of the x-ray.

Of laboratory diagnosis the author very properly says, "The various tuberculin tests are of value, though we should always be prepared to disregard completely their results. A tuberculous lesion anywhere in the body can give a positive reaction,

though the joint under consideration may be free from tuberculosis, while, on the other hand, patients with tuberculous joints often fail to give the reaction."

The chapter on Differential Diagnosis is well worthy of careful study, especially the paragraphs on syphilis of bone, gonorrhoeal arthritis, rheumatism, chronic synovitis, and neurotic joints.

In the chapter on treatment the "conservative method" is strongly advocated in general for children, because good functional results can usually be obtained in this way; but the contrary is true in adults. Hence the rule—"the treatment of joint-tuberculosis in children is almost invariably conservative, in adults it is almost invariably radical." Certainly a good and safe rule.

It is emphasized that the beneficial results of conservative (mechanical) treatment are due to rest and to rest alone, and the efficiency of the various appliances must be judged exclusively by the amount of rest and protection which they afford. There is little real difference between the methods of traction and of fixation—they both act by means of affording rest.

Of treatment by means of vaccines he says—"This treatment, from which so much was expected, has not justified the hopes that were reposed in it." This seems to be rather a dogmatic statement, but it agrees substantially with the opinions of Goldthwait, Ridlon and other prominent orthopedists. There are many, however, who still have much faith in vaccines!

He also regards the Bier congestion treatment with but little enthusiasm, although admitting some good results from its use.

The occasional cures obtained by the injection of iodoform and other substances into tuberculous joints he believes are due, not to the specific action of the drug, but to its irritative effect in causing the formation of fibrous tissue, thus depriving the joint of function, and where there is no function there can be no tuberculosis. In spite of the author's ingenious arguments, this idea will not meet with universal approbation.

The attitude towards tuberculous abscesses is that they never should be opened if it can be avoided, owing to the danger of secondary infections with all their dire con-

sequences. It is better to aspirate and inject iodoform.

Beck's bismuth paste is not hailed as a cure-all, but he feels "justified in saying that the treatment has beneficial results in some cases, and will probably secure a permanent place in the treatment of tuberculous joints."

The second section of the book comprises a well-written and clear consideration of the tuberculous affections of the various special joints. It contains much original and valuable material, particularly as regards practical points of treatment.

In an excellent appendix Dr. Gerald Webb, of Colorado Springs, describes the histology of red bone-marrow and considers the life-history of the tubercle-bacillus, especially in its relations to the lymphocytes. The remaining 75 pages of the volume are devoted to case-histories.

Although some of us may not agree with everything this interesting and practical little book contains, nevertheless we must all admit that it is a credit to Dr. Ely, and, through him, to the medical profession of Colorado.

L. F.

What To Eat and Why.—By G. Carroll Smith, M. D., of Boston, Mass. Octavo of 310 pages. Philadelphia and London. W. B. Saunders Company, 1911. Cloth, \$2.50 net.

The author of "What to Eat and Why" is evidently a practical practicing physician whose particular forte lies in dietetic therapy. Giving, as he does, the reasons for the rules and principles laid down, the book appeals to the reader's judgment and common sense. Dr. Smith is quite independent of other authorities in his views, though giving due credit to each. The main body of the text is made up of rational discussions of the indicated diet in the more common diseases and in the conditions of obesity and emaciation, each section being supplemented by a sample diet table with special suggestions. At the end of the main text are appended a number of useful receipts and a full tabular outline of the chemico-composition of food materials. Reference to the text matter is facilitated by the free use of marginal annotations.

E. C. H.

SEE OSLER'S MODERN MEDICINE, VOL. III, CHAPT. XVI.

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All advertising correspondence should be addressed to the main publishing office, 1839 Champa Street, Denver, Colorado.

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REPORT OF JULY EXAMINATION FOR LICENSES TO PRACTICE MEDICINE

Five applicants for license to practice within the state were granted on state board examination and six applicants from other states were allowed to enter on the interstate reciprocity agreement existing between medical boards of the various states. In the first class there were Wiley M. Cragun of Ogden, Willard Bigelow of Provo, John C. Stocks of Woods Cross, Charles A. Morehouse of Junction, and Fred L. Peterson of Morgan.

Those of the latter class were Benjamin Schultz of Chicago, C. C. Hetzel, W. E. Gossett, H. E. Dice, R. W. Ridge and F. E. Burnett.

PREVENTIVE MEDICINE.

What shall we eat? What shall we drink? Wherewithal shall we be clothed? These are fundamental questions which must be rightly answered when providing for the care of the body. Fortunately nature suggests answers, if we will only go to her, deliberately making up our minds to obey her dictates. It is, however, safe to affirm that a large proportion of the ills of life come from a misuse of the knowledge which nature does her best to compel us to recognize.

Hygienic laws are taught too much as the laws of the Medes and Persians might be taught—dogmatic statements of hygienic truths are always objectionable because liable to be successfully disputed by the first gossip who happens to speak of them. They are often controverted by experience. If you tell a robust woman in the most positive manner that every one needs a certain number of cubic feet of pure air in his sleeping room and she, remembering that she has slept for years in a small room shut up like a box, goes off thinking of the superiority of her experience to your theory; but explain to her the part played by oxygen in the system and she will wonder she is still alive. The weak point in school teaching is that **too little is said about the conservative power of nature**, yet the subject is one of the greatest importance, for in all walks of life a knowledge of hygiene would save much of the time now lost as a result of sickness and would make work easier and life happier.

If we wound an arm we put it in a sling and use other members of the body until it is sufficiently rested. This is true of physical injuries, and the same physiological law holds good in the practice of medicine.

Day by day and every day we find the laws of hygiene are better understood and that they are taking firmer

hold upon the people, and through them upon their representatives. Death often threatens, but comes at last to all alike. The decrees of the Great Ruler of the Universe are inscrutable. He sees fit to try our faith in the valley of the shadow of death—in perils of waters—in perils in the wilderness—in weariness and painfulness. Yet He restoreth the soul and the grim enemy is from time to time overcome by human means and efforts. Faith teaches us to cling to the last straw—pain compels us to submit to the dictates of the physician.

“A wise man foreseeeth the evil and hideth himself,” is as true today as when it was written and it is merely another way of stating that old chestnut, “An ounce of prevention is worth a pound of cure.” A sound chestnut, however, is none the worse for age, and if we find people acting upon the opposite principle it is our duty to keep repeating the “old saw” until the truth is recognized. It is this reiteration of truths which at last sways the popular voice and gives the state the necessary fulcrum, by which the inert mass of ignorance, and oftentimes criminal stupidity, is swept away and controlled by legal sanctions.

Prevention is not a modern science, but a neglected one. Let us, however, be thankful. Vast strides have been made during the last few years, and in no way are the advantages of preventive medicine so well and clearly shown as in these days of antiseptic surgery. A few years ago, if anyone had suggested the idea or attempted to perform the operation of opening the abdominal cavity, he would have been looked upon as a candidate for the asylum, but since the introduction of antiseptics and other methods for preventing infection from the surrounding air, these operations are now performed, with but a minimum of appreciable danger. The same rule applies to all classes of wounds which formerly nearly always

ran a fatal course, not only from infection and contamination from the air, but from infective particles lodging on the instruments and everything connected in any way with the dressing of the wound. Contamination led to the various complications in surgical diseases, such as profuse discharges and loss of tissue. Now, under the preventive treatment, viz., the use of such methods as will prevent the entrance of infection into wounds, these disadvantages are almost entirely done away with. So much so, indeed, that even in such cases as are already infected, the most brilliant results have followed the adoption of the preventive method. **Preventive medicine**, therefore, is receiving a great amount of attention, and the time is fast coming when it will dominate over **curative medicine**. The existing relation of the doctor to society is an absurdity. We use but half his skill when we employ him merely to cure the sick and heal the wounded. He should be **much more** employed in teaching the public the avoidance of disease and healthful modes of living. Our churches support numerous hospitals throughout the country, thus giving practical effect to the teaching of Him who healed all manner of diseases amongst the people. Let our churches go a step further and teach the gospel of health—a clean mind and a clean body are concomitants—the possession of a robust, perfect and vigorous body are primary elements to the attainment of power, honor, and even wealth, and to such an extent was this recognized amongst nations that prior to the Christian era the decrepid and sickly were often put to death to prevent them from being burdens and causes of weakness to the state.

The history of our race shows that physical force caused the rise, and its want led to the downfall of empires and kingdoms. So, too, nations which rose on brute force and physical develop-

ment fell when they degenerated and became effeminate by indulgence in luxurious and riotous living, and the neglect of those habits of life which had given rise to their greatness and power. England, with her Norman blood and stature, engrafted on Saxon simplicity and perseverance, rose from a rude and barbaric state to a powerful kingdom, and now to a wealthy and controlling empire. Her statute books are full of laws relating to sanitary regulations, the limitation of the hours of labor for those likely to be imposed upon, viz.: women and children. Disraeli, who later became Lord Beaconsfield, spoke the truth when he said "The health of the people is the first duty of the state," and it was because of his firm and constant advocacy of the rights of the people in this respect that his policy was described by one of his most bitter opponents as a policy of sewerage. But it, nevertheless, endeared and made him the idol of the English people. Centuries ago the republics of Greece and Rome had their sanitary laws, and the argument then, as today, was that physical culture would secure physical health. The old Romans had their system of ventilation, drainage and sewerage, their splendid aqueducts, baths and pavements, and these all combined to promote the comfort and health of the people.

History repeats itself in no dubious form. The state possessing the best sanitary laws and bestowing most attention to the requirements of health will show the greatest advancement in population, in wealth, in mental culture and all that tends to comfort, happiness and true greatness, and it must ever be so. Sanitary law is of divine origin and constitutes a large proportion of the Mosaic writings. The creator enjoined on the seed of Abraham a code of laws calculated not only to **restore** health, but also to prevent disease. The methods of **restoring** health were looked upon as miraculous inter-

positions, knowledge being then in its infancy, but we find the methods of **preserving** health were based on natural laws which in a very great measure are the same today as in those remote ages. Alas! how much better were such laws, carried out in those early days, than they are in very many of our towns in this, the twentieth century of the Christian era.

Ask yourselves who is to blame for this.

The state cannot secure obedience to law without the sympathy and cooperation of the people. Light and air, cleanliness and order, are the great preservers of health, and the wives, mothers and daughters, the necessary mistresses of our dwellings, can best serve the state when they secure the greatest possible degree of health in their own homes. Dr. Farr prescribed the right remedy when he said, "Health at home is health everywhere." On the other hand the state must exercise parental control over its subjects, whether congregated in cities, villages, colleges, schools, institutions of charity, prisons or reformatories. Epidemics are to be treated as public enemies. They come in foul sewerage, polluted streams and corrupted wells of water. They come as a thief in the night and steal away those jewels of the household, the little ones, whose lives are more precious than all the wealth of the state.

THE REPORTING OF VENEREAL DISEASES.

It should be the aim of every professional man, whether lawyer, priest or physician, to respond to the requirements of the law of his state. The professional man is supposedly a man of science and education, and as such feels the responsibilities of the privileges given to him and the necessity for a strict compliance with the duties imposed on him by society at large and the professional ethics governing him-

self in relation to his brother practitioners.

At the request of the State Board of Health we call attention to the fact that the medical profession of Utah is not as a body complying with the requirements of chapter 90, section 1, of the laws of Utah, which requires physicians and superintendents of hospitals to report cases of venereal disease. We quote the section in full:

"It shall be the duty of every physician in this state, every superintendent or manager of a hospital or public institution in this state to immediately report to the local Board of Health every case of venereal disease which he is called upon to treat or which is in such hospital or public institution, and each and every physician, superintendent or manager of such hospital or institution shall make such reports as may be called for by the rules and regulations of the State Board of Health of this state, and must comply with all the rules and regulations made by said board to prevent the spread of venereal diseases. Provided, That the report of such venereal disease shall not include the name of the person afflicted."

The State Board of Health has issued and placed in the hands of all registered physicians a blank form of report as follows:

Report of Venereal Diseases.

Name of Town.....Date.....
 Name of disease.....
 Sex of Patient.....
 Age.....Duration of Disease.....
 Occupation of Patient.....
 Remarks

 Name of Physician.

NOTE.—Physicians are urged to explain the contagious principles of venereal diseases and the necessary precautions to be observed in the various

stages to avoid communicating them. Additional report blanks will be furnished upon application to the State Board of Health.

It will be noticed that physicians are not required to give the names of their patients or to do anything which will be to the injury of themselves or patients. The state asks for these statistics with a view to information and the taking of the necessary preventive measures for the protection of its citizens. The physician's duty has passed beyond the mere cure of disease. His duty is to aid the state in the prevention of those diseases which are preventable by the exercise of common sense precautions. The venereal diseases and their protean manifestations can be arrested and physicians should be the first to protect the helpless and the innocent by complying with any requirements which the law suggests. Physicians, whether employed individually or under contract with companies, stockades or otherwise, are amenable to the law. The mills of the gods grind slowly but surely. The professional man who ignores the duties imposed on him will sooner or later be forced to comply or suffer in conscience and pocket.

INCREASE OF SMALL POX.

The State Board of Health Bulletin for July last shows that small pox is on the increase in Utah. Statistics show that the ratio is from three to five times in excess in Utah over any of the other states. In July there were one hundred cases, with one death. Carbon county is credited with 28, Emery with 27, Sevier with 12, whilst Salt Lake had only 4 cases. The evidence is conclusive that where vaccination has been neglected or has been objected to by the people as a whole, there the disease has spread from home to home. In Salt Lake, where vaccination has been generally accepted and acted upon by the people the disease is under control.

Physicians should be insistent in urging protection against small pox and the fact that it is a preventable disease.

STATE BOARD OF HEALTH—OFFICIAL NOTICE.

Salt Lake City, August 19, 1911.

School Inspection.

Health officers are reminded of the importance of a careful sanitary inspection of school premises within their jurisdiction before the opening of schools and the correction of any existing conditions dangerous to the health of pupils.

Where the source of water is a surface well, it should be examined and if found in unsanitary condition, thoroughly cleaned.

All outhouses within 200 feet of a well should be removed. The law requiring the use of dry earth closets on school premises should be enforced.

Typhoid Fever.

The very large reduction (75 per cent) in the typhoid rate during July, compared with that of the corresponding month of last year, is gratifying and should encourage health officers to persist in a determined effort to eradicate this unnecessary and dangerous disease from the state. There can be no reasonable doubt that much of its diminished prevalence is to be attributed to the increased activity of the health forces of the state in the enforcement of preventive measures. Every case of typhoid fever should be kept under strict observation and the regulations set forth in the typhoid circular, a supply of which will be furnished upon application to the State Board of Health, should be rigidly carried out. A copy of the circular should be sent to every family in which a case of the disease occurs. It is particularly important at this season to exclude flies, and to boil water which is at all suspicious of contamination. In the event

of an unusual prevalence of the disease in any locality, the health officer is requested to at once report the fact to the State Board of Health.

Upon the request of the local health

officer or other authorities, the sanitary inspector of the State Board of Health will visit any town in the state for the purpose of rendering assistance.

UTAH STATE BOARD OF HEALTH.

UTAH'S WATER SUPPLY.

DR. F. E. CLARK,

Logan, Utah.

The average individual judges of the quality of a drinking water by means of his special senses of sight, smell and taste. Water that is turbid or emits a disagreeable odor is unreservedly condemned, while clear sparkling water free from odor is just as unqualifiedly pronounced pure. Those of us who are familiar with the history of typhoid epidemics and have had opportunity to examine drinking water by means of special methods know how fallacious such a crude judgment is. Water that is clear and sparkling may contain the germs of typhoid fever or may be polluted with sewage which, in the course of decomposition, gave rise to carbonic acid. It takes many billions of bacteria to render a glass of water perceptibly turbid and it requires considerable fresh sewage to impart to it a fecal odor. On the other hand a turbid water, although objectionable from an aesthetic point of view, may be entirely wholesome and a disagreeable odor may be due to inoffensive vegetable compounds or harmless algae. Being thus unable to form a ready judgment of the quality of a drinking water we were obliged to seek the aid of the chemist, who, it was supposed, could readily detect by means of chemical analysis the injurious substances in the water under suspicion. However, it soon became evident that the findings of the chemist were purely relative and would have to be properly in-

terpreted before they could be of any value. The object of a chemical analysis of water is to discover whether or not pollution with objectionable organic impurities has taken place. By "objectionable organic impurities" we understand those which are from human or animal sources and are capable of conveying the germs of disease. In other words, we look for fecal contamination, inasmuch as the germs of typhoid fever, cholera, dysentery and other intestinal disorders are excreted with the feces, and together with the feces gain access to the water. In minute quantities organic matter, even if derived from sewage, is not in itself injurious; it is only that such matter may become the carrier of disease germs that it becomes a matter for serious consideration. Therefore organic matter derived from plants or vegetables, removed from the possibility of infection with disease producing bacteria has no significance from a sanitary standpoint, and its presence in drinking water in no way renders it unwholesome. It is evident then that the aim of the chemist is to discover, first, the presence of organic matter which would indicate pollution, and second, to determine the source of such organic matter. Dead organic matter in water, as elsewhere, is not in a state of stability. Through the agency of certain bacteria, in the presence of oxygen, it continu-

*Read at the Fourth Annual Meeting of the Utah State Association of Health Officers, January 30-31, 1911.

ously undergoes certain changes, becoming resolved into simpler inorganic compounds. The nitrogenous substances are converted into ammonia and the latter into nitrous and finally nitric acid, the two acids combining with bases usually present to form nitrites and nitrates respectively. This process is a beneficial one, for by its means purification of polluted water is brought about and the decaying organic matter is converted into useful plant food. These changes are going on continuously so long as there is a supply of dead organic matter and the necessary bacteria are present. It would follow then that the organic matter in a water would be made up of; that portion that has not as yet undergone disintegration (not yet broken up)—that portion that has passed the stage of albuminoid ammonia and finally all the intermediary products of that portion that is undergoing or has undergone disintegration. The quantitative relation of these products of oxidation to each other as well as to the unoxidized nitrogenous matter will depend on the original amount of the organic matter and the rapidity with which oxidation has taken place. For example, take a sample of water; if the chemist after analysis finds that it contains relatively large amounts of albuminoid and free ammonia together with nitrates and nitrites, the indications would be that such water contains a large amount of organic matter in a state of incomplete oxidation; in other words, the contamination is recent. On the other hand the presence of nitrates (the end products of disintegration) in the absence of nitrites with only small amounts of free and albuminoid ammonia, would indicate complete oxidation or a previous pollution. There are a few reasons why the data secured by a chemical analysis are inaccurate: (1)—in ground water excessive free ammonia may be the result of the oxidizing action of iron or other metals on the ni-

trates present, while in surface waters it may be produced by the action of a fungus. (2)—the nitrites found in deep well-water may be the result of the reduction of nitrates normally present in the soil and consequently is no index to organic pollution. The chemist in other words may detect organic pollution in a water, but he is unable to state definitely whether such pollution is of animal or vegetable origin. Here let me state that a water polluted with organic matter of a vegetable origin, may not be the best kind of water to drink, but may be nevertheless harmless. (3)—then the last and most serious objection is that water may be entirely free of organic pollution and yet contain the germs of disease. Numerous instances have been cited, showing that water pronounced on chemical evidence to be above suspicion has been proved to have caused serious epidemics of typhoid fever and dysentery. This leads us to the consideration of the most important phase of water examination that of bacteriology. By means of Koch's plate method of isolation we are able to detect the specific cause of disease. I will not attempt to discuss the details of the bacteriological examination of water, suffice it to say that the value of the results obtained depends upon the experience and technique of the sanitarian; he has many obstacles to overcome, but that he has been successful and is becoming more and more proficient is shown by an ever decreasing death rate and a diminishing frequency of epidemics. I hope that I have succeeded in making clear to you what is meant by the terms, "Pure and Impure Drinking Water." If I have you will the more readily appreciate the facts to be submitted concerning "Utah's Water Supply." Because of the many differences peculiar to various sections of the state, differences in altitude and climate, differences in rain-fall, differences in geological formations, differ-

ences in location as to comparative proximity to mountains, etc.; differences in soil and drainage, and differences in the habits and customs of people, it would be manifestly impossible to enter into more than a general discussion of the water question. I will therefore attempt to point out to you in a general way the problems confronting us as a state and will assign to you the task of adaptation. All water from whatever direct source obtained, comes originally by precipitation from the atmosphere. In many places the rain or snow water is the only source of supply. This is usually collected as it falls upon the roofs of buildings and conveyed by gutters and pipes to cisterns, where it is stored until needed. In all probability rivers and smaller streams supply the larger number of cities and towns in the United States. When the river or stream can be tapped near its source, or before a large number of manufacturing establishments can empty their waste products into its current, or before it receives the sewage of a considerable number of inhabitants living on its banks, the water can generally be considered safe. Among the minor objections to this source of supply are the liability of most streams to become turbid in time of freshet, and the discoloration of the water from dissolved coloring matters if the stream flows through a marshy or peaty region. The organic matter contained in the water of some streams even when pollution by sewage and manufacturing refuse is absolutely excluded, may, however be the cause of disease. For example, certain authorities claim that the water from streams in Nebraska, Wyoming and Utah contain organic matter varying in amount .16 to .28 parts per million, and that the disease known as Mountain Fever is due to this large amount of organic matter in the drinking water. The source of this organic matter seems to be the melted snow which makes up a large portion

of the streams. The most serious objection to the use of river water for domestic purposes is the employment of streams as carriers of refuse from manufacturing establishments, or of the sewage of cities and towns. It would be very easy to cite innumerable instances where typhoid fever epidemics are directly traceable to such forms of pollution, but I will take it for granted that you are familiar with such facts; if you are not it is your own fault, for our worthy secretary, Dr. Beatty, is an enthusiast on the subject and has to my knowledge disseminated useful information among you by means of the monthly bulletin. A few years ago it was a generally accepted theory that running water purified itself after flowing a distance of ten or twelve miles, and the comforting and reassuring doctrine is still held by many. The reasons advanced for such a theory were: (1)—That the movement of the water produced an extra surface available for oxidation purposes; (2)—That the volume of water bearing down upon any given area beneath it weakened the vitality of certain bacteria. (3)—That the influence of light (the sun's rays) was inimical to the growth of bacteria. (4)—That the presence of vegetation (algae) has a marked influence in the reduction of organic matter in water. (5)—That by reason of the dilution of polluting substances with large quantities of pure water, the percentage of impurities is lowered and the percentage of oxygenated water is raised. (6)—That by virtue of sedimentation and side-adhesion to the banks of rivers and streams of solids in suspension a large number of bacteria are removed. Hence lake water contains as a rule very few bacteria. (7)—That the process of oxidation will take care of great quantities of impurities. At the present time we can no longer accept this theory of self purification of streams; we believe that, if the inflow of sewage and other refuse is not excessive, running water will re-

gain comparative purity, but as it is impossible to compute the degree of pollution we can never feel confident as to when a stream once polluted, becomes fit to use again. The water from fresh water lakes and ponds is generally to be preferred to river water for domestic use. It is less liable to become turbid from time to time and except in the case of small ponds, the inflow of sewage is not likely to cause fouling of the water to any serious extent. When the supply can be drawn from large lakes, as is done in Chicago and other cities on the great lakes, no purer or better source could be desired. In such cases the intake should be far enough from shore to avoid the possibility of sewage contamination. The water in small lakes and reservoirs sometimes becomes offensive in taste and odor somewhat resembling cucumbers, due to a minute fresh water sponge, the *Spongilla Fluv-iatilis*. Another odor described as the pig-pen odor is due to the decay of certain species of algae. We do not know whether or not these algae are in any way prejudicial to health. Here let me state that the purification of water by means of freezing is in no way absolute as was formerly believed. A considerable number of bacteria, infusoria and other organisms remain in the ice and retain their vitality, so that when thawed they rapidly multiply.

We now come to the source of supply of water for most persons not aggregated in large communities, such as cities and towns, springs and wells. Ordinarily spring-water is clear, cool and sparkling with a refreshing taste and uniform temperature and may be recommended for domestic use where attainable. Spring-water usually comes from a source at a great depth below the surface and after it has percolated through thick strata of soil before appearing at the surface it loses most of its organic impurities. However, it may become impregnated with minerals and gaseous substances as well as or-

ganic pollution in its passage over the surface, or through the upper strata of soil. Therefore a spring contemplated for municipal use should be tapped as it issues from the ground; it should be analyzed for purity (chemically and bacteriologically) and if found to be pure should be absolutely protected from possible contamination. Well water is derived from those strata of the soil which are the most likely to be contaminated from the products of animal and vegetable decomposition, and the unwholesomeness of the water is inversely proportional to the degree of saturation of the soil with the products of decay. Artesian water may be a good water for domestic use, but very often coming from a great depth as it does, it becomes impregnated with iron or other minerals to such an extent as to render it unfit for use. A good water for domestic use should possess the following qualifications:

(1)—It should be colorless, transparent, sufficiently aerated, of uniform temperature throughout the year, and without odor or decided taste. *

(2)—The mineral constituents (magnesium and lime salts) should not be present in greater proportion than 4 or 6 parts per 100,000. More than this gives to water that quality known as hardness.

(3)—There should be but little organic matter present, and no living or dead animal or vegetable organism.

(4)—The water should be free from ammonia and nitrous acid and should contain but very small quantities of nitrites, chlorides and sulphates

(5)—It should contain less than one milligram of lead per litre.

(6)—It should contain no pathogenic bacteria and but few water bacteria.

Now that we know what a good potable water is, let us apply this knowledge to our own conditions and see just how far short of the ideal, the sources of supply in Utah will come. I shall endeavor first to describe existing con-

ditions as accurately as possible; then I shall give you simple tests in order that you may be able to investigate conditions for yourselves, and lastly after you have satisfied yourselves concerning the existence of certain conditions I shall attempt to suggest remedial measures. As the chief source of water supply in the country and in the villages and small towns of Utah is derived from ground-water, it is important that we have a clear understanding as to what is meant by the term ground-water. At a variable depth below the surface of the ground, a stratum of earth or rock is found through which water passes with difficulty, if at all. Above this there is a stratum of water which moves from a higher to a lower level, and which varies in depth at different times according to the amount of precipitation (rain or snow-fall) and according to the level of the nearest body of water toward which it flows. This stratum of water is termed ground-water, and has within the last few years assumed considerable importance from its apparently close relation to the spread of certain of the infectious diseases namely typhoid fever, cholera, dysentery, etc. The direction of horizontal flow of ground-water is always toward the drainage area of the district, usually toward lakes, rivers or the sea. Rains, irrigation or a rise in the river, will cause a rise in the ground-water, while long continued dry weather, or a low stage of the river which drains off the ground-water, causes a fall in the latter. No doubt many or all of you realize these truths concerning ground-waters; at least you have observed the rise in the level of the well at the advent of the irrigation season and its subsequent fall at its close. It may be difficult to convince some of you that there is a direct relationship between the rise and fall of the ground-water and the prevalence of disease. But if you will stop to realize that between

the level of the ground-water and the surface, there is a stream of earth more or less moist, due to previous saturation from rain-fall or irrigation, and that in this stratum of soil, the processes of decay and putrefaction are continually going on, you will appreciate how easy it would be for such pollution to work its way into your source of supply (your well). We will say for example that the area upon which a house or town is built is in a moist state from any cause whatsoever and that the processes of decay are active, the ground-water rises, the ground-air becoming charged with carbon dioxide and other products of decomposition, is forced out of the pores of the soil by the rising ground-water, and escapes into the external air, or through cellars and basements into houses, and may there cause disease. The saturation of the soil with water prevents the further development of the bacteria of decay, and this is checked or putrefaction may take place. If now the ground-water sinks to its former level, the processes of decay again become active in the moist stratum, and large quantities of carbon dioxide and other inorganic compounds are produced. If the germs of disease have been introduced into the soil they also multiply, and by gaining access to the well or stream from which the drinking water is obtained, they may cause infection. A great authority has laid down the rule that a soil with a persistently low stage of ground-water, say 5 meters below the ground, is healthy; a persistently high stage of ground-water less than one and one-half meters below the surface, is unhealthy; while a fluctuating level of ground-water, especially if the changes are sudden and violent, is very unhealthy. This would lead us to expect that places where this fluctuation is very great would show a large mortality from such diseases as are attributed to impurities in the soil. In certain lo-

calities of India cholera is never entirely absent, Calcuta is one of these places. The rainy season begins about the first of May and continues until the end of October. During the next six months there is comparatively little rain. The deaths from cholera begin to increase from October and reach their height in April. The annual death rate was 4,013—of these 1,238 died in the rainy season and 2,775, nearly three-fourths, died during the period of dry weather. I might cite several instances in the history of our own state regarding the relationship between the prevalence of typhoid fever and the subsidence of the ground-water level, but will not take the time for I think you are convinced. If you have read the monthly bulletin issued by the State Board of Health, you have observed that typhoid fever, a preventable disease, occurs more frequently than any other disease and that it stands among the first as a cause of death. It has been said by a great authority that the prevalence of typhoid fever in a community is a true index of the sanitary intelligence of that community. If we accept that statement as true where in the scale of human intelligence would we of Utah come? In some sections of our state where conditions are extremely bad, it would be impossible to approach the ideal in a sanitary way, but there is no community however situated that cannot be improved and rendered relatively immune from typhoid fever if ordinary intelligence is displayed. I think that I can positively state that there are no more than five or six communities in the entire state of Utah depending upon surface wells for their source of water supply, that are giving any thought to the protection of that supply from contamination of any sort. Small communities that derive their supply from small stream give no thought to the protection of that stream from pollution; animals have access to

the stream at all times and the percentage of organic matter in its waters is always very high. I remember an incident in point that occurred on one of my inspection trips: A herd of cattle were watering in a small stream and were not particular as to the disposal of their excrement; just below stood an old farmer drinking from the same stream. Upon questioning him as to the desirability of such water for drinking purposes he told me that he had been brought up on such water; that he liked the taste; and he cited as proof that there was no danger in such water, from the fact that a boy of his who occupied a government position, had also used the water, had never been ill and liked it better than any other he had ever had. "And see what he has made of himself," the old gentleman said with pride. Upon investigation I discovered that typhoid fever prevailed in some part of the small community every spring and fall and at that time there were several cases of typhoid and cerebro spinal meningitis raging. I followed the stream to its beginning about a half mile above the town and found that beside numerous corrals, pig-pens, etc., draining directly into the stream, a creamery emptied all its waste into that stream and on the banks stood two out-houses. They wondered why their small town should be the recipient of so many favors from a supposedly kind Providence; I told them what they could do to remedy the conditions. That was four years ago. It would be interesting to visit the place again. Please remember this fact: that in this country where the soil is perpetually in a moist and often saturated condition, it is extremely dangerous to have wells, the source of water supply, in close proximity to corrals, cesspools, manure heaps and other refuse. Such water is clearly unfit for drinking and other purposes. Chemical analysis has given us reliable data upon which to base the following summary of facts concerning

Utah's Water Supply: (1)—That most of the springs in the state, if properly protected, and the water properly conveyed to its destination, would serve as a reliable and hygienic source of supply. (2)—That small streams if properly protected from source to point of distribution would be relatively safe. (3)—That wells if located at least 200 feet from any source of contamination and if drainage is away from the well, may be used for domestic purposes with relative impunity; frequent inspection and simple tests for purity should however be made. (4)—That where artesian water is used, chemical tests for the presence of minerals should be made from time to time. Besides organic impurities we have to deal with excess in the mineral constituency of waters; some water contains excessive amounts of iron, copper and lead; some of magnesium and lime salts which render a water hard. Hard water is generally believed to be the cause of calculus diseases and of goitre and cretinism, but no reliable observations are on record showing that the belief is founded on fact. However, we know that such water does produce gastric and intestinal derangements to those unaccustomed to their use. I should feel that this paper were incomplete if I did not give to you a few tests by the use of which you could detect impurities in the water, common to your community. If you are interested enough to make these tests, to demonstrate the quality of a certain water, you ought to be interested in the institution of remedial measures, for the correction of any condition found. We will test for example a sample of water for the following impurities; the presence of any one of which may render such water unfit for use. (1)—Color: The color of a water may be determined by comparing 100 cc of a given water with an equal quantity of a standard prepared from a solution containing 1,246 grains of potassium platonic chlorid per litre. Color in

water unless due to organic or inorganic impurities has no significance.

(2)—Odor: the odor is determined by violently shaking a bottle half full of the sample and then smelling of it. The odor of water may indicate its source as well as the presence of sewage.

(3)—Taste: water should not have a disagreeable taste.

(4)—Organic contamination: an approximate test may be made by adding a small quantity of sulphuric acid and enough potassium permanganate to give the mixture a distinct red color. On boiling the solution becomes decolorized if organic matter is present.

(5)—Lead, copper and iron: to 100 ccs of water in a white porcelain dish or in a tall glass jar, over white paper, add a few drops of ammonium sulphide. A dark coloration or precipitate indicates the presence of either lead, copper or iron due to the formation of the respective sulphide. Then add a few drops of HCL—if the color disappears iron only is present, if it persists lead or copper is present. In the latter case add a few drops of acetic acid and 1 cc of a strong solution of potassium cyanide. If the color disappears it is due to copper; if it remains, lead is present.

(6)—Hardness: the hardness of water is due to the presence of earthy carbonates or sulphates, or both. If due to carbonates it is dissipated by heat as in boiling the water; the carbon dioxide is driven off, and the base (calcium or magnesium oxide) is precipitated upon the bottom and sides of the containing vessel. This is termed temporary hardness. The hardness due to the presence of earthy sulphates is not removed upon heating the water, and is termed the permanent hardness.

I hope that many of the problems advanced for your consideration during the course of this paper have been cleared; you have been told wherein you have erred and how you may be

able to overcome the difficulties confronting you. In review of the situation it would seem to me that the reason for all this does not lie entirely with the individual or with the municipality. There is a greater responsibility to be considered, that of the state. The state is the mother of us all and to her we must look for assistance. She must, by means of legislation, make it possible for the individual or groups

of individuals, to procure the primal requisite to health, pure water; she must suggest some remedial measure whereby we may obtain financial assistance when needed; she must provide some means of educating the people in the fundamental principles of right living; and lastly she must provide an efficient police force, who will see to it that we obey the laws of God and man.

ALCOHOLIC HEREDITY AND THE REGULATION OF MARRIAGE TO CUT DOWN RATIO OF INSANITY.

(Reproduced from the Houston Chronicle, March 21, by the Texas Medical Journal.)

Calling attention to the menace of alcoholism in general and its effect on the nation, Dr. Charles L. Gregory, Superintendent of the North Texas Hospital for the Insane, before a large audience at the Beach Auditorium on Sunday afternoon, suggested a startling method for the protection of the generation to come, the sterilization of the inebriate and the imbecile, and cited the approval of the most eminent medical authorities of the day to give force to the proposition.

Dr. Gregory delivered three lectures in the city on Sunday, one in the morning at the McKee Street Methodist Church, one in the evening at Fraternal Hall, Houston Heights, and the third in the afternoon at the Beach Auditorium. The afternoon lecture was given before an audience which largely appreciated the startling statistics which Dr. Gregory had to offer on the increase of alcoholic insanity in the United States, and the cure he had to suggest. The text of the afternoon lecture follows:

I wish to call your attention to the effects of alcohol generally, said Dr. Gregory, and to show why the physician should disclose these effects. The physician should be, as he is, the greatest

enemy of alcohol, because he, more than any other, comes in contact with its disastrous effects. The medical profession knows very well that it is a patent cause of disease, degeneracy, crime and death. It is not a real stimulant, it does not give strength to the mental powers, but it paralyzes the regulative apparatus of the mind, and hence the person under its influence is not able to appreciate his real condition. It is a matter of common knowledge that a person under the primary influence of alcohol is very conversant, more witty, more social, more generous in sentiment, but he is not so careful in his statements, and has not a proper appreciation of his own position or that of others while under its influence. He loses self-control, self-respect, self-restraint, and the sense of responsibility and the power of judging between right and wrong. In a word I wish to suggest that it is generally recognized by the leading physicians of this country and Europe that alcohol dethrones the highest functions of the brain and leaves it in a depressed condition dependent upon the reserve forces of nature to restore it.

It is my purpose in this lecture to

deal with alcoholic insanity. It is difficult, however, to avoid repetition as each phase of the subject possesses so much in common with the others that each discussion seems to dovetail into the other. "Like causes produce like effects," so in each case our base is the same, the effects of alcohol. But for convenience and clearness we present the subject under different headings.

Alcoholic insanity may be divided into three groups: (1)—"Acute Alcoholic Mania." (2)—"Delirium Tremens." (3)—"Chronic Alcoholic Dementia."

In **acute alcoholic mania and delirium tremens** the brain cells of the motor centers are greatly irritated, which is evidenced in muscular excitement and uncontrolled movements. Men suffering from these troubles develop hallucinations of hearing and sight. They hear voices which to them are clear and often excite them to actions of destruction. The illusions of sight are so marked that figures of friends are not recognized. A dark place on the wall may excite an insane belief which it is impossible for relations or friends to dispel, and which may render the patient dangerous to others.

In **acute mania** the patient becomes furious. The whole brain is in a turmoil and is completely paralyzed as to its normal power of understanding. We have seen young men in the prime of life suffering from outbreaks of insanity following the excessive use of alcohol. A large per cent of these cases recover in four or six weeks under scientific treatment, but relapse upon resorting to alcohol. These patients would not come to an asylum had not many of them inherited an irresistible desire to drink.

Delirium tremens follows repeated debauches. The marked depression under which the nervous system labors is often obscured by restlessness, gloominess and timidity of the patient. He

is incapacitated to think or make simple decisions. He hears voices, mocking demons, ghosts and evil beasts, sees snakes and scorpions and is frequently pursued by tormenting objects. This condition is due to the fact that the sense centers of the cerebrum are perverted from overstimulation. The centers of judgment, reason and decision are poisoned and the bravery an ordinary man would exhibit is wanting. The patient cowers and cringes before terrors resulting from a wrongly acting brain. The centers governing motives are upset in a temporarily insane person, a condition often seen in victims of alcohol struggling with those who attempt to control and succor them.

Alcoholic dementia comes on slowly as a result of strong drink. Mental deterioration is observed in lack of ability to deal with facts in an intelligent way. The patient is unable to rightly appreciate his condition, hence he disregards the advice of friends and loved ones. He is easily offended, exhibits insane delusions of suspicion and jealousy leading to unfounded charges being made against others. The wife suffers mental anguish on account of false charges circulated by her husband while in this condition. These outbursts of emotional insanity are due to the loss of higher intellectual control. Slowly the symptoms of premature senility of mind appear, the moral sense becomes blunted, social feelings and affections disappear. The demoralization appears in selfish, brutish and indecent acts.

INSANITY INCREASES.

"Alcoholic insanity goes steadily up. This year no less than 42.3 per cent of all our men and 18 per cent of our women—much the largest proportion we have ever had experience of—had excess in alcohol assigned as the cause of their insanity. No explanation will account for this, but that certain classes of our population are drinking to

greater excess than they did. And in so doing many of them are destroying their sanity." This is Dr. Clouston's report of the Morningside Asylum, 1903.

Alcoholism has propagated its influence and has spread its roots and fibers of destruction through the blood soil of children's children until we have multiplied thousands of physical and mental degenerates who will become public charges. Last year on account of defective physical development this country witnessed the most appalling death rate in children under five years of age that it has witnessed during its history.

REGULATION OF MARRIAGE.

I claim that every child has a right to be born healthy and not marked by disease before birth through the sins of its parents. Marriage is not regarded as it should be; the law troubles itself less about marriage than anything which it governs. The law should make marriage more difficult so as to prevent evil effects of drinking and heredity. Stock breeders are more careful in breeding animals than we are in safeguarding the human race.

"In ancient and modern Hebrew history child creation was a prime consideration." And today it should be of first importance with us. Not only should insane people, habitual drunkards, criminals, epileptics and consumptives be debarred from marriage, but children should be disallowed the privilege of marriage. Oliver Cromwell raised the age of marriage in England, yet we are permitting our children to marry at the age of 14 and 15. As long as we indorse the marriage of the above classes,—lunatics, criminals and prostitutes will abound in this country. If the aforesaid classes desire to marry they should be sterilized under the direction of a suitable commission of physicians. With the insane and criminal vasectomy should be compulsory. Ster-

ilization of the defective has been adopted by several States in the Union and Texas should fall in line. [This Journal has heretofore and will continue to advocate such a law for Utah.—Ed.] The Journal of the American Medical Association recommends sterilization of the insane and criminals, as does the Chicago Physicians' Club, the Southern District Medical Society and the Chicago Society of Hygiene.

When the people are educated along these lines, when they are convinced that it is not inhuman to sterilize defectives, they will demand the enactment of such wholesome laws. Of course no measure ought to be adopted unless it is approved and supported by public opinion, as it would prove ineffective. That the people should be educated as to the causes of so many defectives throughout the country no man will gainsay.

STARTLING STATISTICS.

In 95 per cent of the homicides of Germany the guilty person is brought to justice. In Spain the number of convictions is 85 per cent of the total number of crimes. In France it is 61 per cent, in Italy 77 per cent, in England 50 per cent, in the United States 2 per cent. These unchallenged facts when offset against our two convictions in every 100 murders explains why drunkenness, lawlessness and murder are increasing by leaps and bounds in the United States. "In 1908 the United States had more murders than Italy, Austria, France, Belgium, England, Ireland, Scotland, Spain, Hungary, Holland and Germany combined."

AGAINST ALCOHOLISM.

I assert that alcohol should die for the following reasons:

1. Alcoholism readily passes into unmistakable insanity, and it is always a cause of nervous degeneracy in the children born within its influence.

2. A small per cent of the children of drunkards are mentally sound, while a large per cent are mentally weak.

3. Children of alcoholics die at an early age, and the families of drunkards seldom extend beyond four generations.

4. Drunkards cause to be born into world criminals, imbeciles, idiots, degenerates and lunatics.

5. It causes a degeneration of nerve centers and impairs nerve cells.

6. It is in a large measure responsible for every larceny, rape and murder committed in this country.

7. It produces a wasting of the heart muscles and a fatty degeneration of the liver and kidneys.

8. It causes a diseased or hardened condition of the blood-vessels and as a result of this we have poor nourishment and faulty elimination of the refuse products of the body. Hence the blood can not supply oxygen and carry off poison.

9. It depresses the activity of organs and affects the brain, especially the pyramidal brain cells which are the physical instruments of thought, will and memory, and the means of communication between the mind and the outer world. Thus the exercise of these important spiritual faculties is retarded and inhibited and as a result

of the foregoing we have impulsive, degenerative insanity.

WORLD IS BETTER.

The world is growing better, but not where the mighty statistics of the tobacco, liquor and fashion trades find their surest foundations. The world is not growing better at those particular points where alcohol in all its forms breeds the degeneration and death implied in our unchallenged catalogue of crime, disease and misery.

The doctors know very well about the "tobacco heart," the "whisky liver," the "whisky kidney," brain and nerves; they know of "tobacco blindness." And the man who in the face of all this persists in his cigar and encourages by example, if not by precept, the degeneracy of his son in the cigarette is not helping the world to grow better.

It has been my purpose, in the foregoing lecture, to give facts. Consequently I have given more attention to accuracy of statement than to ornament. My desire is to help the rising generations, to place before the youth of my country object lessons that will call attention to the terrible consequence of bad habits, and to point out the penalties they must surely pay for violated law.

THE CRIME OF LOVE.

G. HENRI BOGART, M.D.,

Terre Haute, Ind.

A bride at the nuptial couch has as great, aye immeasurably a greater right to demand previous chastity and continence of her spouse, than he has to exact a like standard of virtue from her. I am not advancing this thought to shock the reader, nor yet to precede an assault on conventional relations of the sexes, but simply as a pathological and prophylactic proposition.

Marriage means a sexual partnership with whatever else of mutuality that the wisdom of the partners, or their whims may connect or devise, and the more the elements of their union the stronger the partnership.

When a partner comes into a firm with his principal asset bankrupt, or mortgaged to some secret claim, and conceals the fact from the other part-

ner, or worse yet, when he comes with that demand which shall hang a perpetual drain upon the original resources of the other, we would send the guilty one to the penitentiary for fraud, and yet we observe the results of exactly these things in the marriage contract every day and accept it as a matter of course.

The larger proportion of the women who are sent to the surgeon's table for abdominal and sexual surgery are sent there by the action of specific infection, innocently derived from supposedly cured husbands. Morrow places the percentage as high as 80, while a writer in Pearson's Magazine claims that 65 per cent of the women who submit to pelvic operation at Johns Hopkins, that most exclusive of hospitals for the elite of the South, come there as the result of negro prostitution. While I do not believe that in these cases it is possible to secure the absolute figures, we all know that the number is very great, and that there should be any is an outrage upon the race.

Now, for another point: Prof. Irvine Fisher of Yale, in his elaborate report on Vital Statistics to the National Conservation Commission, shows that for all the United States registered reporting area the death percentage from obscure heart, brain and kidney diseases has increased 131 per cent since 1880 and that 80 per cent of this increase has affected the male. Almost every practitioner has encountered cases of heart, brain and kidney disease which would not yield any satisfactory diagnosis nor respond to any routine treatment, and more recently the microscope has shown the gonococci swarming in these organs in such cases, when no other means would determine the cause of death; and this increase exactly parallels the development of constitutional gonorrhea.

In my own service as coroner for 14 years, I have encountered cases in

which the ordinary autopsy did not disclose the cause of death while the microscope did. A specimen case will fully demonstrate my meaning. A lady came to our home to visit. Fourteen years before, she a young widow, had married. A few months after her second marriage her health failed, as did her husband's. For fourteen years the two have been the feeders for the fakirs, she for "female trouble," he for "stomach trouble," and as he made good wages they were a couple of veritable little gold mines. Not the fakirs alone had profited, for they had run the entire gamut of medical service, and all to no avail. She had reached that state of querulous, neurasthenic invalidism wherein any conversation soon became an "organ recital." She told me of her ailments, ad nauseam, and of what her various attendants had told her, and really the woman had lived in a veritable hell, her pregnancies had aborted, and now she was unsexed, for as she put it, "It might as well be my apron pocket as anywhere else."

I learned that her husband was for the time under the care of a capable, reputable physician, and so I opened communication with him and told him what I suspected. Bacteriological investigation showed the husband infected, without any of the ordinary indications, he was a gonococcus carrier. He told a story of having been "burnt," a couple of years before marriage, and related that as soon as he discovered that he had a "dose" he had gone to the best "specialist in the city," a cheap druggist, who had dried it up in a few days, and only charged a nominal price. He persisted in telling how slight an affair gonorrhea is, and told that he had sent many friends to the druggist.

Proper treatment, administered without his cognizance of the real ailment, has largely relieved his condition,

though with his wife the damage is beyond repair. This is one of the countless thousands of domestic tragedies too often unrecognized. It is estimated that four-fifths of all young men contract gonorrhea, and though many of these only suffer from the simpler form and escape the constitutional contamination, yet the whole matter is so little understood, that no man who has been exposed to infection should marry until competent bacteriological investigation has shown him free from the germs of Niesser.

Even today many physicians are content with merely drying up the discharge and relieving the painful symptoms, then turning the patient loose; too many treat the whole matter as a nasty joke, and others while acknowledging the gravity, excuse themselves for allowing these patients to go by saying that they will not "stand for" constitutional treatment and examinations. This latter I do not believe.

If the matter be rightly explained to the average man he would lose his right hand rather than visit this hellish fate upon the woman whom he loves. Here in Indiana we have a 40-page pamphlet, issued by the State Board of Health, now in its sixtieth thousand, in which these facts are set forth with startling plainness for the laity.

What we need in this matter is publicity, intelligent publicity, which while scorning the silliness of prudery, shall at the same time avoid offensive and unnecessary salacious thought. It is useless for us to say that we shall do away with prostitution, and equally useless for us to say that we shall keep all young men from its embraces, for this "the oldest trade in the world" has existed among all people and in all climes.

We must meet facts as they are and not as we would have them. The ostrich which hides its head in the sand

is the favorite type of absurd cowardice, and how much better are the masses of our people when they are considering this momentous question, and allowing false ideals to chain us down, with the damning falsehood, that "ignorance is innocence."

To the doctor I will now drop a hint as to treatment. The use of arsenic sulphide and calcium sulphide, exhibited jointly, and pushed to the point of saturation seems as specific for the destruction of gonococci, as is mercury for syphilis, and the treatment is rational, since the two active elements of this treatment are of the most active of the germicides, capable of systemic toleration to the point of germicidal activity.

Our double standard of morality, which expects a young man to debauch himself sexually and winks a doubting smile, when he claims continence for himself, while it contemplates absolute purity in his sister is a horrible lie.

To revert to the opening statement, when a young man goes out with the "fellows" to have "a devil of a time" that is usually the very thing that he succeeds in accomplishing, and it is not nearly always the young fellows either. When on such an excursion the lower the dive the grosser the surroundings, the better they are satisfied. Under such conditions the demon of venereal poison finds easy victims.

On the other hand, should his sister side-step from the straight paths of continence and indulge in oblique sexuality, she is relatively decent about the matter; she seeks as her mate one in whom the elements of affection have a part; she seeks one whom she regards as a friend or a lover, and she does not encounter a fraction of the danger of bringing the lifelong horror of obscure venereal poison as her offering to the hymeneal altar as does the male. I am not justifying lapse from virtue, I am handling the conditions which exist,

Denver Medical Times and Utah Medical Journal

VOLUME XXXI

OCTOBER, 1911

NUMBER 4

MALARIA CONTRACTED IN COLORADO AT AN ALTITUDE OF 5000 FEET ABOVE SEA LEVEL.

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S. C., male, age 24, Russian beet worker, came to this country by way of Liverpool and New York in January, 1911. He states that, so far as he can remember, he has never experienced any serious sickness since childhood. He first consulted me at my office, June 19, 1911, at 8 a. m., stating that he had been sick with fever and headache for the past week. Examination: Temperature, 98.6°; pulse, 100; tongue with brownish coat, spleen slightly enlarged, liver area normal, no abdominal tenderness, no rose spots, blood negative to Widal. Reported by telephone in the evening that he had not been sick during the day and had worked as usual, only being very tired. He promised to report at office next day, but was unable to do so on account of fever and headache.

The following day, being without fever, he reported and was sent to the County Hospital for observation. During the day of his admission there was no fever. At 9 a. m. the following day his temperature was 99°; within the next hour he drew the bed covers over himself, but denied being chilly. At 11 a. m. temperature was 105°; at noon it was 103°. Blood smears were taken at 11 a. m., and at intervals throughout another complete cycle the malarial plasmodium (quartan type) was clearly demonstrated. All symptoms disappeared at once after the first heavy dose of quinine sulphate (24

grains daily for ten days). There has been no return of the paroxysms.

The probable mode of infection is of interest. The patient lives in a small frame "shack" near the railroad track, and only a few yards from a siding where empty cattle and freight cars are frequently stored. These cars, of course, come from all parts of the country, and it is at least plausible to assume that they might at times carry infected *Anopheles* as passengers. It should be further stated that this Russian had been sleeping in the open air some weeks before he became sick. Had he brought the infection with him from Russia, it must have been latent for at least nine months, the time of year being considered; this is less plausible than the other theory.

One very important point was recently brought to the writer's attention: Prof. C. P. Gillette, Professor of Entomology at the Colorado State Agricultural College and State Entomologist, stated that one of his assistants had found native *Anopheles* mosquitoes on the western slope, near Grand Junction, Colorado, at an altitude about the same as Fort Collins (5000 feet).

The writer has seen a number of imported cases in the past, but has hardly considered the possibility of cases developing in the state. However, with the above facts in mind, malaria is a possibility in Colorado.

SOME POINTED FACTS REGARDING PNEUMONIA AND TUBERCULOSIS.—THE POISONOUSNESS OF CONSUMPTIVES.

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Pneumonia.

In 1908 there were 61,259 deaths from pneumonia, or 136 per each 100,000 for 51.8 per cent of the population. In 1909 there were 70,033 deaths or 143.6 per each 100,000 of the population, for 55.3 per cent of the total population. An actual increase of 8,774 and an increase of 7.6 per cent per each 100,000 of the population over 1908.

The stage of life in which the largest death rate from pneumonia occurs is that under one year, and it furnishes nearly one-sixth of the whole mortality. The quinquennial period of the greatest number of deaths is under five years. The next greatest period is between 65 and 69 years.

As 70,033 represents a mortality ratio of but 55.3 per cent of the population in 1909, if the same ratio of deaths from pneumonia occurred in the remaining 44.7 per cent not reported, there would be about 56,878 additional deaths, making a total of 126,911.

Up to the 70th year there is only one quinquennial period in which the male does not furnish more deaths from pneumonia than the female, and that is from 10 to 14 years. This is probably due to the lowered vitality resulting from the establishment of the menstrual function. After 70 years the female leads. This is because the female more largely predominates after 70.

The death rate of pneumonia patients is placed at 25 per cent. As 126,911 deaths represents but one-fourth (25 per cent) of those who were sick with this disease in 1909, there were then at least 507,644 pneumonia patients, of

whom about one-sixth (1-6), or 84,607, were under one year of age.

Tuberculosis.

In 1909 the total number of deaths from tuberculosis in the registered area was 81,720. This represents 55.3 per cent of the total population. If the remaining 44.7 per cent which was not reported, should furnish the same proportion of fatal cases, there would be 66,860 additional deaths, making a total of 148,581. As about 25 per cent of the tubercular patients die annually, there were in 1909 at least about 594,324 tubercular patients living.

Many of these patients became tubercular because they first had pneumonia, from which they never fully recovered. This so prepared their lungs that it made them more susceptible to infection and growth of tubercle germs.

The quinquennial period of the greatest number of deaths from pulmonary tuberculosis is from 25 to 29 years, with 9,513 fatalities. The next period with 9,237 deaths is from 20 to 24 years. Then follows the third period from 30 to 34 years with 8,720 deaths.

The female exceeds the male in three periods, viz.: 5 to 9, 10 to 14, and 20 to 24 years. This excess is slight, except in the period between 10 and 14 years, where the ratio is two to one, the female predominating. The establishment of the menses is, no doubt, the cause of this increased mortality in the female.

Under one year the largest number of deaths result from tubercular meningitis, with the male in excess.

Decrease in Deaths From Tuberculosis.

The decrease in the number of deaths from all forms of tuberculosis from 1900 to 1908 was 27.3 per each 100,000

of inhabitants. The decrease from tuberculosis of the lungs alone, was 30.9 per 100,000.

Decrease in Deaths From Pneumonia.

A greater decrease is found in the death rate of pneumonia than of tuberculosis, in the same period. From all forms, the decrease was 44.5 per each 100,000. Broncho-pneumonia, however, shows an increase of 15.3 per 100,000. The decrease from lobar pneumonia, on the other hand, shows the large diminution of 59.8 per 100,000. This decrease in pneumonia very likely reduced the death rate of tuberculosis.

The total number of deaths in 1909 from both pneumonia and tuberculosis in the registered area, which represents 55.3 per cent of the population, was 151,753. Adding to this the estimate of the remaining 44.7 per cent, there would be a total of 275,492 from these two diseases. The total number of deaths from all diseases in 1909 was 732,538 for the registered area; about one-fifth (1-5) of all the deaths were from these two diseases. In other words, one death in every five was about equally divided between pneumonia and tuberculosis.

These figures are startling, particularly so, when much of the pneumonia may be checked or aborted, if treatment is begun early enough, while comparatively all of the tuberculosis could be prevented, if all the sputa of such patients were destroyed.

When seventy or eighty thousand people are destroyed by snakes and wild beasts in India, we are horrified. But when human beings expectorate poison sputum, in public places and in homes, and as a result of this careless, filthy habit, poison nearly 600,000 people, of whom about 150,000 died in 1909, we scarcely give it a thought. We are apparently comatosed, when these appalling facts are presented to our minds. We cannot somehow fully comprehend the meaning and seriously

realize that human consumptives are actually poisonous enough to destroy 150,000 people in one year, from one disease alone and through one filthy habit. A wild beast is merciful, because death quickly follows. When human beings poison each other with tubercle germs, it often takes years of suffering before relief in death comes.

Can we conceive of anything more diabolical than poisoned human beings who will not give up a careless habit, even when they must be aware that hundreds of thousands of their fellows are killed because of their thoughtless "spitting?" There seems to be some sentiment manifest in regard to our interfering with this "spit habit." We seem to hesitate about informing the consumptive of his extremely poisonous condition. Is there any reason why he should not be told? Why should he continue to jeopardize the lives of his fellows? 'Tis true he will likely never know that he, himself, has poisoned any definite person, but the fact remains that consumptives are responsible for the majority of 150,000 deaths of this disease, or for the majority of the 600,000 who are today victims of the "spit habit" of yesterday.

We complacently take care of this vast number of unnecessary, preventable sick. Each year we continue to bury multitudes, without resentment, censure or condemnation for those who are more or less responsible for these deaths. We are tenderly careful about hurting the feelings of those who are distributing the tubercular poison. We keep on caring for and burying hundreds of thousands year in and year out, because we have not the backbone or the mental capacity to properly discipline the consumptive. It is positively a shame to permit this wholesale poisoning, even if it is not premeditated. Those who are well are certainly responsible. We often unhesitatingly risk our lives to save some one from danger, but we indifferently permit

many thousands to be annually destroyed, because we lack the stamina to prevent a very small minority from scattering a poison that comes from their lungs. A poison that is formed in the human body, that is coughed out, finds its way into the bodies of others, and keeps at least 600,000 people sick and causes the death of at least 150,000 of them yearly, cannot be called by any other name than a very deadly, human poison.

This is certainly the "Spit Plague," as it shows how the disease is communicated. It is the Preventable Plague. The Plague of a careless, filthy habit. The Plague of Spitting Poison. Every new tubercular patient can say, and it is true in probably 95 in 100 cases, "I am sick because I inhaled some human being's poisoned sputum." It may be fortunate for each patient's mind that he does not know who or how many he has poisoned, because of his "spitting habit."

We should educate those in good health to protect themselves against the tubercular. Those who are well certainly have the right to say to those infected, "You must not do those things which will make us tubercular. We have the right to protect our bodies from being poisoned through your carelessness; we have the right to say you must not expectorate your poison germs where they will injure us. If you persist in doing so, and if you will make no effort to prevent the spread of this disease, we shall be compelled to so isolate you that you cannot possibly harm others. If you wish to live among us who are well, you cannot, and you shall not jeopardize our health and our lives."

Man has this right, born of an inherent desire to protect himself and family from disease and death. When he fails to do so, after having full knowledge, he certainly shows an indifference that does not, however, fully equal his stupidity. Clearly he is not awake

to the value of human life, when he permits an average of 600,000 people to be infected for the lack of care.

Sentiment must not rule our judgment in educating the sick. Here is one class of people, who, up to a few days ago, innocently and unknowingly poisoned others, and gradually the number of consumptives increased. In as tender and considerate a way as possible all of these patients should be made to understand that they can no longer innocently, and unknowingly, give others tuberculosis. We are learning how they spread this disease. No one who is sick or well, has the right, moral or legal, to scatter poison, which is being produced in his body.

It is certainly most unfortunate to have this disease, but because one has it, and suffers even greatly, is no reason why he should not be told in plain language, and in full detail, the danger and menace he is to others. One of the high ideals that we are reaching, is, to do no harm to others. If tubercular patients will not use precaution to always expectorate in some prepared device and then destroy the venom, their sick bodies produce; then strict laws must be passed and enforced compelling them to do so. The penalty of failure should be isolation on farms or other places away from thickly settled centers.

It is right that we should have the utmost sympathy for the sick and the afflicted. We should be as tender with them as is possible, but there is such a thing as justice also toward those in health. Any one who has a contagious disease should have enough sense of justice and humanity to voluntarily do anything rather than to deliberately poison his fellows. If he is indifferent and not concerned, then he must be taught. If he will not learn, then he must be made to obey.

The wrong is more with those who are well and who fully know the menace that consumptives are to the com-

munity. It is their duty, because they are well; because they can reason justly and can act; because it is their place to protect the healthy from the poisoned. One person in every 190 is said to be tubercular. Why should the 189 permit the one to roam about and expectorate promiscuously, thus inoculating others? If the estimate of consumptives living is correct, there are 1,126 tubercular patients in Denver. What is the justice, the sense, the satisfaction, the use of continually reproducing in each generation hundreds of thousands of consumptives to burden their friends or the public, to entail long suffering on helpless men and women and destroy the usefulness of this vast army? And worse than all else, there is the constant creation of a vast multitude which is capable of poisoning still other hundreds of thousands.

Is this the ideal for which man is striving? Is this humanity to man? Is this lessening man's burden and shielding him from unnecessary pain and suffering? Is this improving the race? We permit 600,000 of our brothers and sisters to be stricken unawares with a lingering disease from which there is no protection or prevention, so long as consumptives expectorate everywhere.

The abominable fact is, this disease exists chiefly because we do not exercise our power to prevent a small minority from carelessly "spitting" and poisoning the air.

Unless we become definitely active and exercise our rights to protect the well against those now poisoned by tubercular germs, when the present generation of consumptives dies off, there will be as many, and perhaps more consumptives living than there are today. This will be so because we are either indifferent or are influenced by sentimentality or false delicacy about hurting the feelings of the afflicted. We thoughtlessly and cowardly prefer to permit the insidious poisoning

of those 600,000 innocents, inoculated while breathing in the supposedly health-giving air, or when being affectionately kissed, inoculated with a death-dealing germ, having no consciousness in regard to the fact at the time, no knowledge of the place or manner of infection. Neither can it usually be known whose body furnished the germs. The one thing known, however, that in the vast majority of instances, the germ was coughed from the lungs of some consumptive.

When the present 600,000 consumptives are dead, there will be other 600,000's and more who were made tubercular by those who were tubercular before them. And so the unbroken cycle is transmitted from one consumptive generation to another, unmolested, except for the gentle admonition sometimes seen on placards—"Please do not spit on the floor." What pitiable objects we are, to have to beg those, who are capable, not to poison us!

Let us consider it in another way. The 600,000 who are now tubercular were at one time free from the ravages of this disease. With the few exceptional cases where the transmission of tubercle bacilli is from animals, there was conveyed into the bodies of this immense number of people tubercle germs that once inhabited, chiefly the lungs and throat of human consumptives. If the consumptives of the past generations had destroyed all their sputum, the number of tubercular patients would be very small at this time. If all the tubercular subjects of today would thoroughly destroy their poison sputum, there would be fewer tubercular patients in the next generations.

Why, then, do we hesitate to inform the unfortunate consumptive how poisonous he is, and how he endangers health, the life, the happiness of so many? Why are we kinder and more considerate of one already rendered

useless, and likewise dangerous, than we are of the multitude who should be kept healthy? We stupidly fail to see that each year 600,000 more must recruit the ranks and take the places of those who die.

Only too often man shows great wisdom closely associated with great stupidity. In 1908 there were 92 deaths from smallpox; 4,611 death from measles; 5,577 from scarlet fever; 8,580 deaths from diphtheria; a total of 18,870 from four dreaded diseases, **against 67,376 deaths from tuberculosis** of the lungs, and 698 of the throat—total 68,074. These two forms alone are mentioned, because where other structures are involved, the germs are not easily transferred to other individuals.

The public does not hesitate to isolate patients of the former named diseases, and yet the patients are so helpless they can not leave their beds. We even isolate the friends of those afflicted with these four diseases. 'Tis true, these are very acute infections compared to the chronic infection of tuberculosis. But consider the difference in the death rate, particularly the fact, that isolation is successfully practiced. It is carried out in spite of opposition.

Suppose it were possible for the 18,870 who died of the four diseases to have mingled with the public as freely as the tuberculars do? No one doubts that the death rate would greatly exceed that of tuberculosis. We fear diseases which kill quickly and use every precaution in regard to them. But a disease which disables for years, and which can be communicated during all of that time, we not only tolerate, but ignore and become very indifferent about it.

All people who have knowledge of the existence of tubercular patients, should be compelled by law to report such cases to the health authorities, under penalty of heavy fines.

Literature should be furnished to

those afflicted, in which their poisonous nature should be fully explained. There should be printed rules for their guidance regarding expectorating and the destruction of the sputum. Those who have homes and who ignore these instructions should be isolated in hospitals or on farms, and properly taught and trained in regard to their duty in the consideration and welfare of the general public.

Those without homes should also be similarly isolated on farms, and as far as both classes are concerned, if they are able, they should help to support themselves and defray the expenses of their maintenance, or receive pay and make as full a living as possible.

As a general thing, the consumptive, himself, will not, of his own accord, do anything to protect his neighbors, nor will he voluntarily isolate himself. He is not interested. He is already sick, and practically out of the race. Those who are well, however, are very greatly interested, and in a very personal manner. They must be the victims in the years to come. The healthy must inhale the dust-formed sputum, and some of them must step into the ranks and join the vast army of consumptives—600,000 strong.

At any cost of time and money we must diminish this vast number. Those who are sick will not be greatly inconvenienced by these strictures or by isolation. And even if they are, there should be very little complaint when the object is clearly seen, that it is to prevent the contamination of others and the reproduction of their disease in the healthy. The hardships of isolation cannot be great compared with the suffering of those whom they are otherwise bound to make sick.

Much as we regret to say it, it is a horrible fact that human beings are so poisonous under certain circumstances, that they infect others, render them useless, and condemn them also to eventually join the tottering, coughing

ranks of 600,000 emaciated, panting, sorrowful creatures!

If we are human; if we are endowed with reason and with sympathy for the welfare of man, we will not further permit this vast suffering to be continually recruited from the ranks of the healthy. We shall begin at once to exercise wisdom, firmness and a higher

humanity. We certainly have been culpable and very derelict. For their own good, the sick ought to be isolated. Thus can they be better cared for and their sufferings reduced. And while thus benefitting them, we are preventing other men and women from being infected by that ailment which destroys with a higher total death rate than does any other single disease.

THE OPEN OPERATIVE TREATMENT OF FRACTURES OF THE PATELLA.

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For the treatment of fractures of the patella, many different operative methods have been devised, suggested, advocated and practised; many observations have been collected and published, descriptive, condemnatory and commendatory of these various methods. However, by far the greater number of the methods proposed have been abandoned, have been superseded by a few less objectionable, more preferable methods. Operative and clinical experience have led to the omission, to the elimination from the operative procedure of such steps as were found to be needless, of such steps as were found to be harmful, and to the introduction, to the general employment, of some of great desirability.

This diversity of methods employed by men of recognized surgical attainments suggested questions to the mind. It is of practical importance that these questions be accurately answered. These answers, we think, should be determined, should be arrived at, partly by theoretical consideration, partly by the study of the pathological anatomy present (as revealed at the operating table or at the autopsy room), in knee joints whose patella has been fractured, and, largely and mainly, by the

clinical observation and clinical comparison, from the anatomical and functional standpoint of the results obtained, by the employment of the various methods of treatment advocated and practised.

Among the questions calling for a definite answer are the following:

1. Is the patella essential to the functional integrity of the knee-joint?
2. Are permanent displacements of the patella, in whole or in part, congenital or acquired, deformities significantly impairing the functions of the knee-joint?
3. Are there other traumatic lesions, simulating from the symptomatic standpoint, by the functional disturbances which they entail, fractures of the patella? What are these conditions? How are they best treated?
4. Which is the treatment of choice for fracture of the patella?
5. Is operation, at times, contraindicated? If so, when?
6. If operation is not always indicated, when is it indicated?
7. How should the treatment of old fractures differ from that of recent fractures, or is the same treatment applicable to both? If not, why not?

8. Which of the principal various open operative procedures that are now in vogue for the treatment of fractures of the patella, is the most universally applicable, the most satisfactory from the standpoint of early and of late results; transverse or longitudinal osseous suturing, looping of the patella (*cercilage* Berger), *hemi-cercilage* (Quenu), or suturing of the peri- and para-patellar fibrous tissues (*suture des ailerons*, Vallas; *retinaculæ patellæ*, B. N. A.) (*reserve extensor apparatus*, Mickulicz)?

Questions of operative technique, concerning equally all the different open operative methods for fractures of the patella, must also be decided. Among them are the following:

a. Should one operate on the day or on the morrow of the infliction of the injury, or should one wait till the soft tissues have recovered from the immediate effects of the traumatism?

b. What should be the nature of the anaesthetic employed? Local, lumbar, or general anaesthesia?

c. Should the operative field be rendered bloodless by the employment of an Esmarch bandage?

d. By what type of incision is the operator best enabled to perform the repair work which he deems appropriate and necessary?

e. Is it advisable in operations for fractured patellæ, to irrigate the articulation? Or is the mere sponging out of the extravasated liquid and clotted blood, from the synovial cavity, productive of the most satisfactory results?

f. Should non-absorbable, or absorbable, suture material be used?

g. Shall the completely detached bony fragments be removed?

h. Shall the articulation be trained?

i. Shall the peri-articular tissues be drained?

j. What should be the duration and the nature of the post-operative treatment?

"Is the patella essential to the functional integrity of the knee-joint?" can be answered as follows:

A careful study of the reported cases, amply justifies the statement that congenital absence, unilateral or bilateral, of the patella, is always associated with some impairment of the functional integrity of the anatomically defective knee-joint or joints. This impairment in some cases is very slight; in other cases, it is considerable.

Acquired Absence of the Patella.

The patella has been removed for inflammatory affections, chronic or tubercular in nature; for fractures, transverse or comminuted in type; for primary malignant disease. A cursory study of the collected cases shows, among other things:

a. That the removal of the patella can be successfully performed under spinal or under general anaesthesia.

b. That though the patella seems under certain conditions to be unessential for locomotion; nevertheless, its removal is invariably followed by impairment of power, by some functional loss. It cannot be gainsaid that as a general rule, knee-joints without patellæ are impaired joints. To preserve the continuity of the extensor apparatus of the leg, to conserve, after removal of the patella the stability of the knee-joint, the gap left by its extirpation must be obliterated, by suturing the tendon of the quadriceps to the ligamentum patellæ, and by such operative measure, plastic or other, as may be indicated in the individual case. The extirpation of the patella is always a sacrifice. Its loss deprives the knee-joint of the protective influence which this bone affords to the articulation, this sesamoid bone, the largest in the human body, being an important factor in the distribution over a considerable area of any force applied to the front of the knee. The patella provides considerable leverage for the quadri-

ceps extensor tendon upon the leg. All sesamoid bones are mechanical accessories of the tendons in which they are partially or completely embedded. By this sesamoid bone, the tendon of the quadriceps is kept spread out and prevented from being gathered up in a round cord. The patella forms a much more suitable pulley for movement round the condyles than the tendon itself, and in addition, serves a minor purpose in keeping the upper end of the patellar ligament in a plane well in front of the axis of flexion and extension. In uncomplicated transverse fractures of the knee-cap, the extirpation of the patella as a form of treatment is to be condemned. In comminuted fractures, it deserves consideration only as a measure of last resort. In inflammatory and neoplastic disease of the bone, extirpation is a valuable resource. In primary malignant neoplastic disease, no one questions the wisdom of its removal.

Are permanent displacements of the patella, in whole or in part, congenital or acquired, deformities significantly impairing the functions of the knee-joint?

The patella, being a sesamoid bone, cannot undergo any upward displacement unless there be an associated relaxation or rupture of the ligamentum patellae, cannot be dislocated downward without either an associated relaxation or an associated rupture of the quadriceps extensor tendon.

Our first statement was, that absence of the patella, congenital or acquired, is always associated with some impairment of the functional integrity of the knee-joint. This functional impairment may be slight, may be markedly disabling. Our second statement is, that any dislocation of the patella, be it intermittent or permanent, complete or incomplete, congenital or acquired, is also always associated with some impairment, slight or severe, of the functional integrity of the knee-joint. The

fact that operations have been devised and performed for the remedying of congenital dislocations of the patella, is another proof, that anomalous location of the patella entails disability.

Are there other traumatic lesions, simulating from the symptomatic standpoint, by the functional disturbances which they entail, fractures of the patella? What are these conditions? How are they best treated?

All permanent upward or downward displacements of the patella as a whole, if dependent upon rupture of the quadriceps extensor femoris tendon, or of the ligamentum patellae, will cause symptoms somewhat analogous to those which are caused by complete transverse, oblique, stellate or comminuted fractures of the patella. Violence of the same nature can determine a solution of continuity of either the tendon, the patella or the ligament. The force that indirectly produces the solution of continuity is obviously exerted equally on the quadriceps tendon, on the ligamentum patellae, on the tuberosity of the tibia and on the patella; but fracture of the patella is by far the most common result of such indirect violence.

Traumatic or pathological, open or subcutaneous ruptures of quadriceps extensor femoris tendon or of the ligamentum patellae, may, like fractures of the patella, be simple or complicated, be complete or incomplete, be unilateral or bilateral. They may be associated with, precede, or follow a fracture of the patella.

The quadriceps extensor femoris muscle, the patella and the ligamentum patellae are the main structures by which extension of the leg on the thigh is effected. The integrity of each of the main component parts of this extensor apparatus is indispensable for the proper performance of the functions of the knee-joint. The restoration of the continuity of a completely fractured patellae is just as essential for

anatomical and functional recovery of the affected extremity as is that of a completely divided quadriceps extensor femoris tendon or that of a completely torn ligamentum patellae. The careful approximation of the divided ends of the quadriceps extensor femoris tendon, the exact coaptation of the separated ends of the torn ligamentum patellae can be done effectively only by the aid of sight, that is, through an open operation. The same applies to the fractured patella, the exact apposition of whose fractured surfaces is frequently prevented by obstacles removable, only by an open operation. The ideal function only exists when each and all of the aforementioned elements are anatomically and functionally absolutely normal. The study of the subject conclusively demonstrates that the absence of any single one of these elements (patella, ligamentum patellae or quadriceps extensor femoris tendon), or the presence of a pathological state of any single one of them manifests itself by impairment of function. It leads to the conclusion that perfect function presupposes and demands anatomical integrity.

Treatment.

The following indications have to be met in fractures of the patellae:

1. The fracture must be reduced.
2. The bony fragments must be maintained in intimate apposition until organic union has been effected.
3. The continuity of the overlying and contiguous soft tissues must be re-established.
4. The functional integrity of the knee-joint must be restored.

The value of any form of treatment is dependent upon its ability to meet the above indications. All forms of treatment can be classified into one or the other of two main classes: the non-operative and the operative. The latter admits of further subdivision into the subcutaneous and into the open

methods. Each method has advantages and disadvantages; indications and limitations.

The numerous non-operative methods of treatment that have been employed, the large number of percutaneous and subcutaneous operations for approximation of the fragments, that have been proposed, lauded, tried and then abandoned, the comparatively great number of patients, who, having been subjected to non-operative treatment, of themselves seek operative treatment in order to lessen or entirely overcome their disability, all these are proofs that all the non-operative, and the subcutaneous operative methods, as well, have deficiencies which debar them from ever being elective methods of treatment.

In the literature of the subject occasional cases are to be found in which, though the operator succeeded in restoring to the patella its normal anatomical contour, functional integrity of the knee-joint was not secured. Our explanation for these cases is that some essential step in the operation has either been completely overlooked or unskillfully performed, or that the post-operative treatment has been injudicious. The extravasated blood may not have been removed from the synovial cavity; the lacerations of the soft tissue may not have been repaired, etc.

A distinction must be made between the short comings of the operator and the short comings of an operative procedure, as such. A few, a very few cases, such as the following, can be found in the literature.

Sonnenberg showed two patients, who, despite a separation of from three to four inches between the fragments of their fractured patellae and noticeable atrophy of the quadriceps extensor femoris, had fairly good function. In one of these, the bone was in three fragments, owing to a twice fractured patella. An explanation of these exceptional cases is to be found in the

fact that the reserve extensor apparatus of the leg either was not injured, or if injured, that its integrity was restored and thereby the loss of continuity of the patella is fairly well compensated. Though in isolated cases good functional results may follow non-operative treatment, as a rule, its employment in fractures of the patella is followed by very unsatisfactory results. Facts confirm what logic had led us to expect. Anatomical and functional integrity go hand in hand. In the treatment of fractures of the patella, we have come to discard all the subcutaneous and percutaneous operations. In scientific conception and in the practical results obtained by their employment, the inferiority of the various subcutaneous methods to the various open operations is manifest. We acknowledge that under exceptional circumstances the operator may feel compelled to resort to them.

Why do we advise the abandonment of the various subcutaneous and percutaneous operations? Because: 1. They do not enable the surgeon to accurately coapt the fractured fragments. After an arthrotomy, either by bone suturing, or by circumferential looping or ligaturing, or by careful sewing of the torn soft tissues, the fragments can be closely apposed and held immovably together. This intimate apposition of the fractured surfaces lessens the liability to an excess, either in length or in width, of callus formation. Any change in the contour of the patella is liable to interfere with the normal adaptation of its articular surface to the femoral articular surface.

2. They do not enable the operator to freshen the fractured surfaces. In the repair of old fractures, the resection of the interfragmentary fibrous bond of union, the freshening of the fractured surface are among the essential steps of the operation.

3. They do insure against union of the bony fragments in a faulty position.

Impaired function results from union in a faulty position. The open operation enables the surgeon to overcome any tilting of the fragments, as well as any tendency to union in faulty position.

4. The subcutaneous methods make no provision for the toilet of the synovial cavity. The open operation allows of the early and complete removal of all articular effusions, of all extravasated blood, intra- or extra-articular, liquid or clotted, of all completely detached bone fragments.

5. The tears in the capsule, the lacerations in the aponeurotic expansions of the vasti, demand repair. Only by means of an open operation can they be repaired. The extensor apparatus of the leg must be considered as one organ. Structural impairment of any of its constituent parts entails a corresponding impairment of function. The insertion of the vastus externus and of the vastus internus into the capsule of the knee-joint and the lateral prolongations of their insertions down upon the head of the tibia and fibula are of assistance in the extension of the leg on the thigh. Solutions of continuity in these tissues must be repaired.

6. None of the subcutaneous operations allow of the removal of the fibro-periosteal shreds which so frequently overlap the fractured surfaces and which in some cases have been found to adhere so tightly to bony projections that for their liberation it was necessary to use forceps and curette. These fibro-periosteal shreds are an obstacle to osseous union; they can be removed by an open operation.

7. The subcutaneous and percutaneous operations create openings which are inadequate for the escape of intra-articular and extra-articular extravasates and exudates, but which are ample for the introduction of infection.

Before proceeding, let us determine the dangers, their nature and their gravity, to which patients are exposed

by the employment of the open operative treatment.

The probability of ankylosis, joint suppuration or pyaemia following an aseptic arthrotomy, for practical purposes, can almost be disregarded. We concede that the general dangers inherent to other major operative procedures are also present in these cases. These dangers, anaesthesia, shock, and suppuration, are common to all operations. Shock can be minimized by rapid operating. The time consumed in the performance of any operation should be the shortest consistent with the careful and complete execution of the different steps of the operation. We will not, at this time discuss the other two dangers.

We believe we are fully justified in stating that the dangers of the open operation, if it be performed with due precaution by careful and skillful hands, are practically nil. There is always plenty of time to reach hands well able to perform the operation.

What are some of the advantages of the open operative method?

1. Refracture of the patella is more common after massage and other forms of non-operative treatment than after the open operative treatment. Refracture is more frequent in the patella than in any other bone. By more closely restoring the bone to anatomical perfection, the open operative treatment lessens to a considerable degree the tendency to refracture.

2. In any fracture, the union between the fractured fragments which is considered the most desirable is osseous union. Modern surgeons do not expect to obtain osseous union in fractures of the patella which are treated non-operatively. Its occurrence under such conditions, though possible, is so rare that it is considered a pathological curiosity. One of the main justifications of the open operative treatment is the frequency with which osseous union follows its employment.

It being a demonstrated fact that osseous union can be obtained, it behooves us to employ that method of treatment which most frequently secures it.

It cannot be contested that the solidity of the patella contributes, in a great measure, to the stability of the knee-joint. Fibrous union of the fractured bone imparts to the articulation a weakness, an uncertainty, an instability, as a result of which patients with fibrously united patella, frequently fall. This lack of stability, this impairment of control predisposes to refracture of the fibrously united patella. It is exceptional for fibrous union to be associated with absolute functional recovery. A fibrous union has a tendency to elongate under use.

3. The open operations enable us to obtain a more rapid, a more complete recovery. The more active the patient is, the more his occupation involves work on different levels, the more is operative treatment indicated.

4. The open operation enables the operator to mitigate all and to remove most of the conditions that tend to cause imperfect union and its consequence, impaired functional integrity. Let us enumerate and briefly discuss the most important of these unfavorable conditions:

- a. Separation of the fragments.
- b. Tilting of the fragments. Either or both fragments, often, are or may be, everted or inverted. In the presence of tilting, the fragments can never be maintained with the fractured surfaces exactly towards each other either by bandages or by retentive appliances, or by any subcutaneous operative method.
- c. Rupture of the tendinous expansions of the vasti and of the lateral portions of the capsule of the joint.
- d. Prolapse of the prepatellar tissues into the breach caused by the separation of the fractured fragments.
- e. Atrophy of the quadriceps fe-

moris due to disuse, arthritis, marked contusions of the muscle, extravasated blood from the joint through the rent in the upper part of the capsule, etc.

f. Arthritis of the knee-joint.

g. Adhesions of the patella. The upper fragment has been found adherent to the femoral condyles.

h. Union of the fragments in bad position, mechanically interfering with proper function of joint.

The open operation enables the operator to avoid inflammatory exudates, to make the toilet of the synovial cavity. If a loose spicule of bone be found between the fragments, its removal is easily effected. The open operative method allows us to completely overcome the tilting of the fragments and to coapt them with a nicety unattainable by any other method.

If, shortly after a fracture of the patella, the knee-joint is opened, it will be found that the articulation contains blood. The quantity of the extravasated blood is not the same in all cases. In some cases it is small; in others, considerable, filling the joint to distention. The blood may be liquid, clotted or semi-organized. Not infrequently, it originates intra-articular adhesions or loose foreign joint bodies. It is easy to conceive how a large intra-articular liquid collection, can, in transverse or oblique fractures, rotate the upper or lower fragments, or both, about a transverse axis.

Rupture of the Tendinous Expansion of the Vasti and of the Lateral Portions of the Capsule of the Joint.

In fractures of the patella, as in other fractures, in addition to the bone-lesion, we have co-existing injuries of the contiguous soft tissues.

When one recalls the intimate relations with the patella, of the fascia, muscles and ligaments which surround it, no stretch of the imagination can possibly conceive a fracture of this bone without some associated damage

to the surrounding structures. The more extensive that damage, the greater the separation of the bone fragments, the less the liability to spontaneous functional recovery. From the diagnostic standpoint, it is important to determine, if after falling, the patient got up, or if he made any attempts at walking. Attempts on the part of the patient to arise, determine further lacerations of the parapatellar ligaments and consequently further separation of the fragments.

Upon the proper repair, upon the proper reunion of these soft tissues is dependent, in an important measure, the functional integrity of the knee-joint. Andrews states that the patella union is only an incident in the ligamentous and tendinous repair by suture. So important is the approximation of these torn tissues, so essential is the restoration of the continuity of the aponeurotic fibres of the vasti, of the rectus femoris and of the deep fascia of the leg and thigh, that many operators in the treatment of fractured patellae limit all their suturing to the torn soft tissues.

Prolapse of the Prepatellar Tissues Into the Breach.

This prolapse of the prepatellar fibrous tissues between the fragments of the fractured bone, is one of the important obstacles to non-union. The prevention by these intervening soft tissues of the exact apposition of the fragments is one of the most valid reasons for resorting to the open operation. When present, these interposed soft tissues constitute an obstacle to osseous union, removable only, by the open operation.

This fibro-periosteal curtain may overlap the fractured surface of either fragment. In some cases, both fractured surfaces are either partly or completely covered by this prolapsing prepatellar tissue. These prolapsed tissues may be easily removable, may be

hooked to the underlying bone. When hooked to the fractured surfaces, their removal is, at times, attended with some difficulty. In many fractures of the patella, be they tear or blow fractures, or due to both factors, the prepatellar bursa is contused. Blood and portions of the prepatellar bursa can enter into the formation of the prolapsed curtain, being superimposed upon the aponeurotic tissues.

By the aid of the open operation, all interfragmentary soft tissues are easily removable. Bony union presupposes an exact apposition of the osseous surfaces. Blood interposed between the fragments, we do not consider as a for-

eign body, it being well known that between fractured surfaces, the presence of blood is constant. Intervening tissues of other description act as foreign bodies and are productive either of fibrous union or of non-union. We concede that massage relieves pain, promotes the circulation and aids in the removal of exudates, but can it accomplish anything towards the removal of soft tissues that have prolapsed in the breach between the fragments? The attempt to remove the interfragmentary soft tissues by rubbing the fractured surfaces one upon the other is illusory. Interposed soft tissues can be removed only by means of the open operation.

(Concluded in November Journal)

MEDICAL PROGRESS

Bridge of Nose Pain.—Severe neuralgic pain over the bridge of the nose (American Journal of Surgery), indicates pressure on the anterior ethmoidal nerve, probably due to a high deviation of the nasal septum.

Tracheal Hemorrhage.—A small erosion of the trachea (American Journal of Surgery) may give rise to distressing hemoptysis, which differs from pulmonary hemorrhage in there being no lung symptoms, no loss of weight or constitutional symptoms, and in that the bleeding occurs in small lumps of clotted blood.

The Typhoid Spine.—Goldthwait considers this troublesome condition as merely a strain, caused by the hammock-like sagging of the bed with the patient nearly constantly on his back.

The Tracheal Thrill in Aneurism.—This important objective diagnostic sign of aneurism was first noted by J. N. Hall about a decade ago, and has now become a standard test. It consists in a distinct thrill, following the tacheal tug produced by transmission through the blood column, the trachea being drawn upward with the fingers.

Russo's Typhoid Fever Test.—This very simple test consists in adding to 4 or 5 cc of the patient's urine four drops of a 0.1 per cent aqueous solution of methylene blue;

mix well and examine against the light; a mint or emerald green coloration is positive, whereas any bluish tinge must be considered negative. The test gives a positive reaction with typhoid fever (earlier than the Widal), measles, smallpox and some cases of severe tuberculosis. Rolph and Nelson (Medical Record, Aug. 19), having employed this test as a routine procedure for the past year in the Toronto General Hospital, vouch for its efficacy as a diagnostic aid in early typhoid.

The Lime Light on Pneumonia.—James R. Mitchell (Medical Record, Aug. 5) shows that there is increased calcium excretion in this disease, and that calcium is needed for the action of lysins and opsonins and the phenomena of leucocytosis, as well as for the occurrence of gray hepatization. Calcium should therefore be supplied the patient medicinally and by the administration of milk and lime water.

For Synovitis.—Murphy claims (Medical Sentinel) that in simple synovitis two injections of one dram of a 2 per cent solution of formalin in glycerin (solution should have stood at least 24 hours), will invariably effect cure. If there is a large amount of fluid in the joint it should first be aspirated.

Drugs in Arteriosclerosis.—Beverley Robinson (New York Medical Journal, Aug. 19),

says, *inter alia*: "The larger my experience and the more I watch cases of pronounced arteriosclerosis, especially in men and women past middle life, the less frequently I prescribe either digitalis or the iodides. If a cardiac tonic or stimulant is required, *strophanthus*, *caffeine* and *nuxvomica* are preferable by far and are not liable, in small or moderate doses, to do positive injury. They require also judicious watching and suppression at times, but not to the same degree as digitalis. To lessen supertension, where it is clearly indicated by reason of headache, fainting attacks, pallor, and general nervous irritability, sweet spirits of nitre in small or moderate doses, added to water, is the least injurious and most useful drug I know, not excepting nitroglycerin and the nitrites."

Hypertension of the Portal System.—The most characteristic phenomena resulting from portal hypertension, says Morris Schott (*July Cleveland Medical Journal*), are enlarged spleen and intense congestion of some part of the digestive tract (from esophagus to anus), causing either hemorrhage (dark red in cirrhosis), or thrombosis of the veins. Ascites is a common sequel, particularly in cases without hemorrhages. Another important sign, if we can exclude chronic constipation, pregnancy and pelvic tumors, is hemorrhoids. In the normal individual there is a larger amount of urine passed during the first four hours after a meal than in the second four hours, but in portal hypertension the maximum amount excreted after a meal occurs between the fourth and eighth hours, a constant symptom of considerable diagnostic importance termed *opsiuria*. In portal hypertension there is a constant hypotension in the peripheral arterial system, this lowering of arterial tension being in direct proportion to the portal stasis. The patient often shows great improvement after hemorrhage from stomach or intestines. The latest surgical method of treatment, that of Rutt, consists in making an anastomosis between the internal saphenous vein and the peritoneum, to carry away the ascitic fluid.

Penile Phagedena.—This troublesome condition, says the *American Journal of Dermatology*, has responded nicely to an

ointment of peroxide of zinc, 20 to 40 grains to the ounce.

Lessening the Output.—The recent advance in the standards of admission to medical schools has reduced the number of students in medical schools by 7,000 in seven years, according to the *Quarterly Bulletin of the Northwestern University Medical School*.

Quinin in Pneumonia.—In cases where there are severe toxemia and marked leucocytosis, Gibson (quoted in *Charlotte Medical Journal*), has observed surprisingly good results from the hypodermic use of quinin (2 grains of the acid hydrochlorid in water every hour or two). The outcome was favorable in several instances in which the patients were in deep coma, with complete relaxation of the sphincters and every evidence of imminent danger.

When and How to Give Stomachic Medicines.—In his book on "Diseases of the Stomach" Aaron summarizes much useful information in a chapter upon medications. Hydrochloric acid, he says, is best given in small doses before meals, in double gelatin capsules, filled at the time and sealed by moistening the cap of each capsule with the tongue. HCl is of little service in chronic gastritis (mucus prevents action), and is best replaced by pancreatin in *achylia gastrica*. Dr. Aaron thinks that, to get the best effect, pepsin should be given, simultaneously with the acid. They may be prescribed together in equal portions of water and glycerin. Pancreatin is particularly indicated when the stomach is defective in secreting power. It should always be combined with alkalis. An excellent preparation is the *liquor pancreaticus N. F.*; dose, a tablespoonful after each meal. The proper period for the administration of alkalis in hyperacidity is from one-half to one hour after meals (height of digestion). In hypersecretion amyolysis in the stomach may be greatly assisted by giving a glass of Saratoga, Vichy or sodium bicarbonate (1 dram to $\frac{1}{2}$ pint of water), before meals. The artificial Carlsbad salt, in doses of one or two dessertspoonfuls in half a pint of water, has given satisfactory results in hyperchlorhydria and gastric ulcer. Magnesium oxid is laxative in action. It has three times the antacid power of baking soda, and does not liberate gas in the pre-

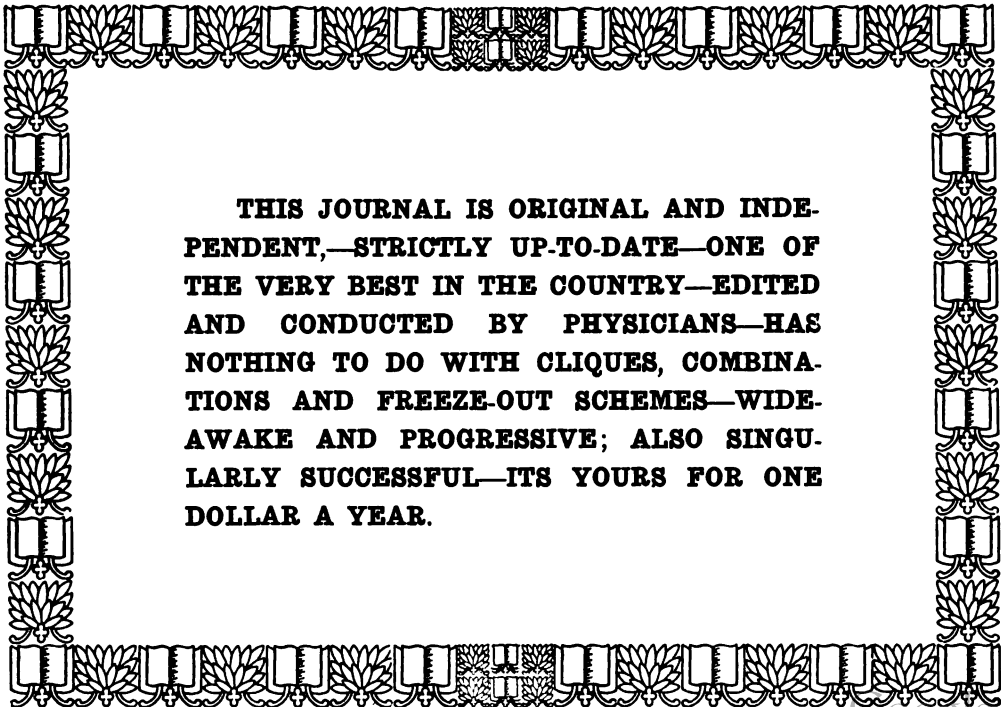
ence of an acid. Milk of magnesia is a suspension of this oxid in water. Aaron holds that the subnitrate of bismuth is to be preferred to the subcarbonate, since the astringent effect of the former depends on its acid nitrate radical; hence it should not be combined with alkalies. In gastric ulcer large doses of bismuth salts (10-20 gm. in 200 cc. of water), should be exhibited a half hour before breakfast. The simple bitters enhance the appetite; strychnin and nux vomica likewise stimulate the muscular tone of the stomach. Silver nitrate has been found to exert an anticatarrhal action on the gastric mucosa in gastritis. Chloroform (5 to 6 drops on sugar or ice), is sometimes useful in gastralgia. Olive oil is about the best agent for inhibiting excessive secretion of HCl, though atropin in large doses is also efficient.

Reducing the Output.—According to the Journal of the American Medical Association, last year there were only 19,786 students studying medicine in this country—1,740 less than the number for 1909. In 1910, of all medical students matriculated, 3.4 per cent were women, as compared with 4.2 per cent in 1909. Of the total number

of medical students last year, 890 were in homeopathic and 433 in eclectic colleges.

For Diarrhea Due to Pyloric Insufficiency.—Knapp and Aaron state that for this condition strychnin has been found to yield the best results. It should be rapidly pushed to the point of tolerance. Many cases of diarrhea existing for years have been found to respond satisfactorily to this medication within a few weeks.

The Wassermann Reaction and Alcohol.—Drs. Craig and Nichols (J. A. M. A., Aug. 5) appear to show that the ingestion of a considerable amount of an alcoholic liquor within 24 or 48 hours of drawing blood for the serum test may vitiate the test by substituting a negative for a positive reaction. The matter, of course, needs further confirmation. In our report of the recent meeting of the State Medical Society it was inadvertently and erroneously stated that Drs. Mitchell and Simon admitted that after a drink of beer or whiskey the blood would yield a positive Wassermann reaction. This statement should be reversed; i. e., a positive reaction might be rendered negative by alcohol.



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Subscriptions, \$1.00 per year, in advance.

Single Copies, 20 cents

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THE UNDERLYING CAUSE.

'Tis an axiom that in the management of the sick we should always seek to determine the principal cause and, if possible, remove it. The difficulty in the practical application of this principle lies in the multiplicity of symptoms and variety of apparent exciting and predisposing factors which pertain particularly to cases of a chronic nature. While we should doubtless, whenever feasible, explain the abnormal conditions present as dependent on a single first cause, yet there is a considerable temptation to take the easiest way and jump at a conclusion, said conclusion being in line with the chief current of medical thought for the time being. For example, what dweller in the Mississippi Valley 30 years ago might not have almost any disease diagnosed as malaria and be dosed with quinin accordingly? With Koch's advocacy of tuberculin, two decades since, everybody was liable to

be found guilty of tuberculosis, unless he could prove an alibi or something just as good. Ten or fifteen years ago Haig caught the ear of the profession with his fascinating hypotheses as to uric acid being the source of about all the ills to which our human flesh is heir. Today it is syphilis which holds the stage, to the exclusion of its rival maladies.

Even aside from the specialties, the fact of the bulk of a clinician's practice being, say, with the heart or the lungs or the stomach, will have a tendency to cause him to favor at first sight the diagnosis relating to his favorite organ. Some remarks of Richard C. Cabot are in place here: "Some years ago, when I was doing a good deal of work on the blood, I was asked to substitute as visiting physician to a convalescent home intended primarily for tired domestics and shop-girls. The matron met me with that patient and respectful expression which long ser-

vice under many enthusiastic young physicians produces in some nurses. 'I hear,' she said, 'that you are specially interested in the blood. Dr. R., the gynecologist, who was visiting last autumn, found that all the patients were gynecologic. When Dr. C. visits us in summer, he finds them all nose and throat cases—that's his specialty. Now that you are to visit us, I suppose they will all turn out to be blood cases.' It must be explained that there was no election on the patients' part. They did not seek the institution because they heard that Dr. X. (a specialist in their particular trouble was on duty. They were sent there by a variety of other physicians who had no knowledge of the interests of the different attending specialists."

Nevertheless, in spite of prepossessions and predilections, we believe in most cases it is quite within the diagnostic power of the family physician to determine what is the chief underlying cause of the patient's sickness. Especially important is it for him to detach himself from the treatment of single symptoms (vomiting, headache, jaundice, glycosuria, etc.), as if they were diseases. Modern advances in diagnosis have changed our viewpoints of etiology considerably. The Mayos, for instance, have seemed to show that most stomach troubles are secondary to other abdominal conditions or to general diseases. The "uric acid diathesis" is now regarded as an effect of suboxidation, rather than as a distinct disease by itself. "Laziness" in certain southern country districts has been shown to be really a severe anemia due to the hook-worm. Insects are now known to be very largely responsible as disease carriers. "Rheumatism" is finally being divided up into recognizable entities.

As a case in point of the subject of this brief writing, consider the following: A business man of 41 had suffered nearly constantly nocturnally

from bronchial asthma for 15 years, with resulting emphysema and heart strain, and accompanied by occasional attacks of renal gravel, due to the acid calcium phosphate crystals. The sputum was glairy and contained large numbers of the *Streptococcus salivarius*. An autogenous vaccine was made, and after four injections at four-day intervals (dose 10-40 millions), the asthmatic attacks practically ceased, not to return for eight months, following hay fever, when two more injections of the vaccine gave prompt relief from the dyspnea.

A SOLUTION OF THE PROBLEM

Following the whirlwind peregrinations of the Wandering Israelite, American medical schools were cowed into the belief that, in order to fulfill the advancing requirements for a thorough medical training, medical instruction must of necessity be given in institutions subsisting on the haphazard manna of politics, or in colleges or universities supported by vast private endowments. In either event, medical teachers would be under the domination, more or less oppressive, of lay autocrats.

Medical men (including professors, lecturers and instructors) are probably, of every class of man, by nature and training the most independent. Hence there comes a natural revolt against the cut and dried methods of over organization in their own profession. Herein lies the reason why not only the American Medical Association is diminishing in numbers (34,176, May 1, 1910; 33,960, May 1, 1911), but the same may be said of a number of state societies—not to mention a certain lack of interest, as shown by small attendance at state and national meetings.

That there is a way out of the dilemma, by which independence is maintained without sacrificing efficiency, is shown by the appended letter from Kansas City. The greatly increased ex-

pense of modern medical instruction lies in the primary work of the first two years, which can be done satisfactorily in any good non-medical higher institution of learning. The really practical and inspiring part of a medical education comes in the clinics and lectures of the third and fourth years, given preferably by busy men of wide practical experience. If you wish anything done promptly and well, always get a busy man to do it. Such men, each donating perhaps only one or two hours a week of his time to the college work, would rally round them enthusiastic students governed by love, not fear, and carrying with them into their professional life an eager devotion to the things that are sane and practical.

It goes without saying that the majority of independent non-medical colleges throughout the country would be inclined favorably to the plan mentioned below, and would serve as friendly feeders to the independent medical schools.

August 31, 1911.

E. C. Hill, M.D., Editor of Denver Medical Times, Denver, Colo.

My Dear Doctor: In all probability you have noticed in the daily press an account of the reorganization and continuance of the University Medical College, located here in Kansas City, and what our college expects to do in the future. Briefly, I would say the U. M. C. has and is making alliances with universities and colleges throughout the country whereby she will depend upon these colleges and universities for the first two years' work of a regular medical school and admit their students for the completion of their medical course, namely, the ordinary work of the junior and senior classes. In addition to this, we have arranged to give special work in bacteriology and pathology. Besides we shall have the giant magnet, radium and X-ray equipment. It is our purpose in the near future to require of our students one year of

practical work in a hospital, making our course one of five years. We will have three semesters of three months each for the undergraduate and twelve months for the post-graduate.

We have seen the officers of both the American Association of Medical Colleges and a committee of the American Medical Association, as well as the State Board of Health of the State of Missouri, who approve and indorse our plan. It is our purpose to make the school of the highest possible order and so assist in the elevation of medical science.

Most respectfully,

FLAVEL B. TIFFANY.

President.

VERATRIN.

The chief alkaloid of *veratrum viride* and *cevadilla* is readily soluble in hot water and in alcohol. It is irritant to mucous membranes, and large doses cause colic, vomiting and diarrhea, with general prickling of the skin. It stimulates the excretion of sweat and urine and may excite salivation. It slows the circulation and thereby lowers temperature and blood pressure. The drug is rapidly eliminated.

As a safe and certain circulatory depressant veratrin is probably unexcelled. In sthenic inflammations (except gastritis), particularly early pneumonia and rheumatism, and in cardiac hypertrophy it has proved of priceless value. *Veratrum viride* has long been considered a specific for the eclamptic seizures of pregnancy, but veratrin is preferable as being of uniform strength which is not lost by keeping. We have found veratrin of the greatest benefit in preventing and controlling the high tension headache and other symptoms of chronic nephritic cases. These patients get much more relief from veratrin than from aconite or coal-tar products, and with no depression or danger.

Veratrin is best given in small doses— $\frac{1}{2}$ mgm. 6 to 24 times daily, as

needed for effect. It is always in order to clear the bowels thoroughly at the beginning of the course of treatment. For rapid action, as in alarm-

ing uremic manifestations, veratrin should be given hypodermically in greater dosage (5mgm.), dissolved in dilute alcohol.

MNEMONIC DIAGNOSIS OF FRACTURES.

Crepitus.

Crepitus
Roentgen rays, fluoroscope
Ecchymosis
Percussion, osteophonic
Inability (disability)
Tenderness and pain
Unnatural mobility
Swelling, shortening or
other deformity.
(Dawbarn, in Medical Record.)

Fractures.

Function lost
Roentgen ray
Attitude
Crepitus
Tenderness and pain
Unnatural mobility
Relation of fragments—deformity
Ecchymosis
Swelling, shortening.
(Frost C. Buchtel.)

PERSONALS

Dr. D. H. Coover has returned from San Francisco.

Dr. Wm. M. Robertson has been visiting friends in the East.

Dr. R. M. Francis of Brush, Colo., was a recent visitor in Denver.

Dr. and Mrs. Louis Hough are enjoying an outing in Antelope Park.

Dr. Rockfellow of Ault will shortly return with Mrs. Rockfellow to Sisson, Cal.

We learn with regret that Dr. Alvin R. Peebles, of Boulder, is seriously sick.

Dr. W. L. Horn has returned to Boulder after three months' rest and travel.

Dr. A. H. Earley has added room 228 to his suite in the Metropolitan building.

Dr. Elisha S. Athearn, a retired physician of Boulder, died Sept. 4, at the age of 77.

Dr. Wells, formerly an interne in Mercy Hospital, is now located at Oak Creek, Colo.

Dr. Harriett MacManus is on her way to Europe and will spend the coming winter in Rome.

During August in Denver there were reported 92 cases of typhoid fever, with nine deaths.

Dr. and Mrs. J. D. Barry visited Mrs. Barry's parents at Paonia the latter part of August.

Dr. Monson recently had serious trouble with his right thumb, but is now entirely recovered.

Dr. E. L. Sadler of Fort Collins is recovering after the operation which he underwent.

Dr. T. E. Gordon and family, recently of Randett, Okla., have made their home in Boulder.

Dr. W. G. Mudd has been appointed police surgeon of Denver, after a long service as assistant.

Dr. J. H. Talboy has removed from Twin Lakes to Owana, Iowa, where he will open a sanatorium.

Dr. Rose King Beere will serve as medical inspector of the Denver schools for the ensuing year.

Dr. and Mrs. E. C. Burton have removed from Craig, Colo., to the doctor's old home at Kingston, Ill.

Dr. B. P. Peck of Eaton has purchased the handsome residence formerly the property of Mr. Hagar.

Dr. Elizabeth Cassidy has moved to offices in the National Safety Vault building, 1536 Welton street.

Dr. Thomas D. Wood has returned to New York City after his customary summer outing in Estes Park.

Dr. H. O. Beeson, formerly of Grand Junction, is now at the Santa Fe Hospital, Los Angeles, California.

Dr. J. C. Hutchison attended the Knights

Templar meeting at Colorado Springs, the fourth week of September.

Dr. Wm. H. Crisp is spending a few weeks in Chicago, studying ophthalmology in the clinics of that city.

Arthur M. Hunter, D.D.S., has located at 330 Metropolitan building, and will limit his practice to oral prophylaxis.

Dr. Charles F. Andrew attended the C., B. & Q. R. R. Surgeon's Convention, held in Chicago early in September.

Dr. M. C. Harding, recently of Ault, is about to take charge of the Presbyterian Mission at Soon-Chun, China.

Dr. W. N. DeArmond, of Fort Collins, was operated for appendicitis, September 20th, and is making a good recovery.

Dr. K. A. Helgeson has left Grand Junction to resume his old position as inspector for the New York Board of Health.

Dr. and Mrs. James V. Ralzon of Trinidad are on their way to France, where they will spend several months in recreation.

Dr. Frank M. McCartney is away on his annual hunting trip. Dr. Patterson is attending to the practice in the meantime.

Drs. M. D. Healy, Joseph H. Allen and J. E. Tomlinson have taken a suite of offices on the fourth floor of the Majestic building.

Dr. W. A. Sedwick spent several days in San Francisco last month, at the International Eye Clinics which were held in that city.

Dr. and Mrs. A. R. Peebles of Boulder have recently been visited by the stork, who left a pretty little girl to keep them company.

Dr. Bernard Oettinger has removed to suite 256, Metropolitan building, and will limit his practice to nervous and mental diseases.

Dr. Stedman having declined to serve as a member of the State Board of Health, Dr. Wm. C. K. Berlin has been appointed to fill the vacancy.

Dr. J. W. Rambo of Portland has been laid up with ulcer of the cornea, under the care of Dr. Melville Black, at St. Luke's Hospital, Denver.

Dr. Geo. H. Stover attended the meeting of the American Roentgen-Ray Society, held in Richmond, Va., during the fourth week of September.

Dr. Oliver Lyons attended the meeting of the American Urological Association, which

convened at Chicago during the fourth week of September.

The Post-Graduate Division of the Denver County Medical Society has again resumed work. Meetings are held every Friday evening in the Medical Hall.

Mr. E. L. Scholtz has purchased the building at 1254 Arapahoe street, to be used chiefly as a pharmaceutical laboratory, in charge of Mr. F. W. Nitardy.

Dr. F. C. Taylor has removed from Telluride to Granville, Ill., where he will succeed to his father's practice. Dr. John Maxwell, lately of Denver, succeeds Dr. Taylor as an associate of Dr. Edgar Hadley.

Drs. Wm. H. Davis and O. S. Fowler attended the meeting of the American Urological Association, held in Chicago the last week in September. The session lasted five days, two for papers and three for clinics.

The Colorado Homeopathic Society has elected the following officers for the ensuing year: Dr. E. B. Swerdfeger, Denver, president; Dr. J. W. Craig, Ault, vice-president; Dr. C. M. Worth, Denver, secretary; Dr. J. D. Brown, Denver, treasurer.

Dr. John A. Wilder, for many years a resident of Denver and professor of pathology in the Denver and Gross College of Medicine, died, Sept. 14, at Hoosick Falls, New York. Dr. Wilder had long been a sufferer from pulmonary tuberculosis.

We are pleased to note that Dr. H. G. Maul has received the appointment as pathologist, at a good salary, of the Nebraska State Hospital at Ingleside. There are about 1,000 insane patients in the institution, and Dr. Maul will devote his whole time to laboratory work.

Dr. W. G. Gregory, dean of the College of Pharmacy of the City of Buffalo, has been rusticated in the mountains near Longmont. He and his friend, C. W. Boynton, editor of the Longmont Ledger, accomplished some remarkable feats in mountain climbing.

Dr. E. L. Freiburger of Alamosa, one of the foremost practitioners of the San Luis Valley and founder of the fine hospital at Alamosa, died, Sept. 16, from sarcoma, which had started in his scalp. Dr. Freiburger was only 36 years of age. He leaves a widow and little son.

The Mississippi Valley Medical Association will convene in Nashville, Oct. 17-19,

1911. This association was originally the Tri-State Medical Society of Kentucky, Indiana and Tennessee, but now it embraces in its membership men from the Atlantic to the Rockies. Dr. Henry Enos Tuley of Louisville has been secretary since 1877. Dr. S. C. Stanton of Chicago has served continuously as treasurer since 1902.

We note with keen regret the death, Sept. 4, of Dr. Frank E. Waxham, from apoplexy, at the age of 60 years. Dr. Waxham had lived in Denver eighteen years. He was one of the earliest pioneers in practicing intubation and was very skillful in his specialty. Dr. Waxham is survived by a wife and four daughters. He was loved and esteemed by a great host of lay and medical friends for his many good traits. May he rest in peace after life's long travail!

OCTOBER.

The year is in the fulness of his prime,
And passes on in purple majesty,
His mantle waving manifold and free
Along the azure limits of the clime.
The mellow winds, that ring an airy chime,
Are blowing incense through the rifted steep;
And the fair sunshine, streaming far and near,
Cradles the landscape in a golden sleep—
Like an enchantress in a magic sphere,
Casting rich visions over all the sweep
Where Nature's glories greet the eye and ear.

LARIMER COUNTY MEDICAL SOCIETY.

At the regular monthly meeting of the Larimer County Medical Society, held in the Y. M. C. A. Building, Sept. 6, 1911, there were present Drs. Morgan, Replogle, Dale, McHugh, Kickland, Taylor and Stuver.

The minutes of the previous meetings were read and approved.

The program for the evening was the reports from the delegate to the State Medical Society and from the attendants at the American Academy of Medicine, the American Medical Association and the American Surgical Association.

Dr. Stuver, being called on first, reported that he had arrived in Los Angeles on Friday, June 23rd, and that evening attended the first meeting of the American Academy

of Medicine. This was a popular meeting held in the Hamburger Building Theatre, and was attended by a fair-sized audience. Dr. Charles Stuart Sheldon, A.M., M.D., read his address, "The Latest Advance in Medicine—Prevention." This was a comprehensive and scholarly address and reviewed the modern sanitary and prophylactic methods used by the medical profession in stamping out disease. Dr. Sheldon was followed by Henry B. Ward, Ph.D., of Urbana, Ill., with an address on "Eugenics—The Science of Improving the Human Race by Better Parentage."

On June 2, the Academy held an open session, beginning at noon. This session was largely devoted to reports of committees on live questions that interest the general public, viz.:

1. "The Teaching of Hygiene in Public Schools," by Helen C. Putnam, M.D.
2. "Teaching Preventive Medicine in Universities," by Henry B. Hemenway, M.D.
- 3 and 4. Reports of Delegates to the Council of Medical Education, A. M. A., and to the Meeting of the Association of American Medical Colleges.
5. "What Should be the Attitude of the Medical Profession towards Mediocrity in Medicine," by F. M. Pottenger, M.D., LL.D., of Monrovia, Calif.

These reports and papers elicited a spirited and illuminating discussion that was participated in by a large number of the members of the Academy.

At 3 p.m. a very important discussion was held, viz.: Topic, "To What Extent are Suicides and other Crimes against the Person due to Suggestion from the Press?" This was subdivided as follows:

1. Report of the committee on publishing details of suicides in the public press, Henry B. Hemenway, A.M., M.D., Evanston, Ill., chairman. In the absence of Dr. Hemenway his report was read by Dr. E. Stuver.
2. "Neurotic Books and Newspapers as Factors in the Mortality of Suicide and Crime," by Edward Bunnell Phelps, New York City.
3. "The Press and Crimes Against the Person," by Francis Fenton, Ph.D.
4. "The Experience of Twelve Years as Physician to the Coroner," by Wm. S. Wadsworth, M.D., of Philadelphia, Pa.

These papers were very ably discussed

and threw a flood of light on these very important matters. It was the universal consensus of opinion that the exploitation of such subjects did lead to a great many suicides and crimes, and that some effective means ought to be taken to prevent the publication of such things.

On Monday, June 26, at 11 a. m., another open session was held at which, 1, "A Study of Contagious Diseases as Affecting Schools," by Ernest Bryant Hoag, A.M., M.D., of Berkeley, Cal., was read and discussed; and, 2, "Leartus Conner—An Appreciation," by Justin E. Emerson, A.M., M.D., of Detroit, Mich., was read.

At 3 p. m. the same day they discussed the topic, "Should There be Two Degrees in Medicine?" This consisted of, first, memoranda in absentia, contributed by seven prominent men, whose papers were read by Dr. Helen Putnam. This was followed by papers on, 1, "The Need of More than One Degree in Medicine," by Boardman Reed, M.D., of Alhambra, Cal.; 2, "Should There be Two Degrees in Medicine?" by Lyman Wilbur, A.M., M.D., Palo Alto, Cal; 3, "Post-Graduate Degrees in Medicine," by Andrew Stewart Lobingier, A.B., M.D., Los Angeles, Cal.; and, 4, "Should There be Two Degrees in Medicine?" by Frederick P. Gay, A.B., M.D., Berkeley, Cal

These papers were very thoroughly discussed, and while there was some difference of opinion as to the desirability of adopting the British method of conferring a lower degree in medicine, and later on after practice and further study conferring the M.D. degree, still the preponderance of opinion appeared to favor the present system as followed by this country. All agreed, however, that the study of medicine should be based on a broad foundation of culture and training, and that the prospective specialist should be broadly trained in the general practice of medicine before taking up a specialty. The papers and discussions of the Academy, taken all in all, were of a high order of merit and reflected credit on its members.

The American Medical Association.

The opening general meeting was held in the Baptist Auditorium on Tuesday, June 27. The large building was packed from top to bottom, probably 5000 persons being present. The well dressed audience, beau-

tiful decorations and fine music made a never to be forgotten impression. After the various local medical officers, mayor, etc., had made their speeches, the retiring president, Dr. Wm. H. Welch, addressed the meeting. He received a regular ovation, which was richly deserved by his many contributions to and services in behalf of the medical profession. Dr. Welch introduced the incoming president, Dr. J. B. Murphy of Chicago. Dr. Murphy was very cordially received by the audience and read a very interesting address, which contained some timely and valuable suggestions. I registered in the section on Preventive Medicine and Public Health. There were many very valuable and instructive papers read and discussed in the section during its various sessions.

In the absence of Dr. W. A. Evans of Chicago, his address was read by Dr. Norman Bridge, acting chairman.

On Wednesday afternoon I attended a symposium on syphilis in the section on practice of medicine. Drs. L. S. Schmitt, Frank Billings, Albert Kefel, D. W. Montgomery, W. T. Wooten and E. G. Ballenger read papers and participated in the discussion which followed their reading. Nearly all the writers of papers, as well as those who took part in the discussion, were conservative in their opinions as to the true place or value of Salvarsan in the treatment of the disease. All advised caution in the selection of cases for its use and great care in its administration.

Dr. Kickland, being called upon, gave an account of the doings in the surgical section. The same old stand-bys, the Mayos, Murphy, Ochsner, etc., were present. The chairman's address by Dr. Crile was valuable and contained new thought on rendering operations safer. Dr. Kickland called attention to the paper of Dr. Van Buren Knott of Sioux City, Iowa, on "Treatment of Localized Appendicular Abscess." The paper was limited strictly to a discussion of the operative management of cases of appendicitis with sharply circumscribed pus collections. In such cases it was urged that in practically every instance the appendix should be removed at the primary operation and all limiting adhesions freely separated. This contention of the author was quite severely criticised by Murphy and Ochsner, but the writer in reply stated that

he had operated on 165 such cases with a mortality of $1\frac{1}{2}$ per cent, and did not propose to discuss the matter with them until they could show as good or better results by some other method. Dr. Kickland also gave a very good account of the social features of the meeting, the president's reception, the smoker on the roof of the Hamburger building, the entertainment at Busch's gardens, and later at the park where the chariot races, polo games and other games were given for the members of the association, the excursion to the Catalina islands and the fish dinner served there, together with the trip in the glass-bottomed boat and fishing by the devotees of Izaak Walton and other trips and diversions for the visiting doctors.

Dr. McHugh gave a very clear and concise outline of the meeting of the American Surgical Association held in Denver before the meeting of the A. M. A. He called particular attention to the good attendance and great interest manifested in the reading and discussion of the papers, which were

carefully followed and thoroughly discussed.

Dr. Dale, delegate to the State Medical Society at Steamboat Springs, gave a clear and succinct account of the work done by the house of delegates and the more important papers read at the meeting.

Dr. John F. Morgan gave an account of the attendance of Dr. Rew and himself at the recent meeting of the Weld County Medical Society.

Dr. Morgan reported that a number of good papers were read and that they had a very nice time.

It was informally announced to the society that the Woman's Club was getting up a public meeting, at which they desired some of the physicians to speak. It was moved and adopted that the society would accept the invitation and render all the assistance it could.

It was then moved to adjourn to one week from tonight, when a meeting would be held to formulate a program for the year's work.

E. STUVER, Secretary.

FOREIGN JOURNALS

(Abstracted by Dr. W. H. Crisp.)

Denver, Colo.

Source and Significance of Bacterial Anaphylatoxin. Neufeld and Dold have extended their previous work on the subject of anaphylaxis by a series of experiments regarding the source of bacterial anaphylatoxin, whether from the bacteria themselves (the antigen), the antibody, or the complement. The authors state the following conclusions: The investigation of the formation of bacterial anaphylatoxins signifies a material advance in the explanation of infectious processes, inasmuch as they teach us that in addition to the true toxins secreted by individual species of bacteria, and to the endotoxins which are liberated on dissolution of the bacteria, the living micro-organisms also give rise to powerfully acting poisons by their interaction with certain substances in the serum; and that these poisons, in contrast with the bacterial poisons already referred to, have little or no specific action, and appear not to act as antigens. To these poisonous substances we must presumably refer a

large part of the general symptoms of all severe infections. The development of anaphylatoxin is prevented by both bacteriolysis and phagocytosis. The significance of anaphylatoxin for infectious processes would be the same whatever the source; but according to the author's experiments the poison arises largely from substances produced by the bacteria; and this not only through the breaking down of albuminous substances by the amboceptor and complement, but also through extraction from micro-organisms by lipid substances of the serum. (Berl. Klin. Woch., 12 June, 1911.)

Interesting Surgical Cases. These are reported by Muehsam. The first is one of relapsing intussusception due to invagination of a Meckel's diverticulum. In the course of four months a girl aged five years had two attacks of intussusception, operation being refused and relief each time obtained by irrigation. A third attack led to opera-

tion. The ileum was invaginated into the caecum and colon as far as the hepatic flexure. When this condition had been righted, a diverticulum was found in the small gut at a distance of 20 cm. from the caecum. It was invaginated into the small intestine. Satisfactory recovery followed its removal and closure of the abdominal wound. * * * The second patient, aged 16 years, had a large bony swelling on the diaphysis of the right tibia, which caused pain and difficulty in walking. The superfluous bony tissue was chiselled away, and was found to be as hard as ivory; the tibia was solid throughout most of its length. Recovery was perfect. * * * In the third instance a girl child of seven months, with a history of having developed a severe cough a few days earlier, was brought to the hospital on account of a limited abdominal swelling to the right of the navel. At operation a large abscess was found connected with the mesentery of a loop of small intestine. The pus was odorless but apparently not tuberculous, and there was no further disturbance; and the author is disposed to associate the abscess with the attack of coughing. (Berl. Klin. Woch., 12 June, 1911.)

Action of Tobacco Smoke. In amusing contrast with their professional position as teachers of hygiene and physiology, physicians as a class have the distinction of being rather more than less extravagant than the rest of mankind in the use and abuse of the fragrant weed. Discussion of its advantages or dangers, therefore, while somewhat hackneyed, is usually entertaining. An up-to-date review of some features of the subject is offered by Bitter, whose main conclusions follow: The strength of a cigar is apparently independent of its nicotine content. Smoking tobaccos contain less nicotine than cigars. In smoking light and heavy cigars of equal nicotine content less nicotine is absorbed from the smoke of the former than from that of the latter. More nicotine is absorbed from a moist cigar than from a dry one. There seems some reason to suppose that a greater richness of the light cigar in tarry substances is protective against the passage of the nicotine through the oral mucosa into the general system. (Berl. Klin. Woch., June 26, 1911.)

Maternal Nursing. This vital subject is handled energetically and hopefully by Franz in a paper which was read before the Berlin Medical Society. He believes that in the last few years there has been an improvement in women's attitude towards the question, and that it is now considered more up-to-date for mothers to nurse their own children. Unfortunately there are still many physicians whose attitude in the matter is one of indifference; and the writer declares that he has in some instances met with the greatest hindrance at the hands of women physicians. There still lurks in the heads of some people, physicians included, the idea of a physiologic incapacity for nursing; with it is involved the thought of bad breasts, or bad nipples. If difficulties arise in the first days of childbed, if the milk does not at once appear, if the discouraged mother demands a bottle for the child, the conscience is quieted by the explanation of physiologic inability. There is no such thing as a physiological inability to give the breast, says Franz. The importance of the mother nursing her own child is such that it may safely be said that obstetricians would render more service in occupying themselves with this question than by striving after new operative methods in obstetrics. In the first few days after childbirth the development of milk secretion is naturally slow. Hence a hungry child, an impatient mother, and a complacent physician. An example of what may be done is furnished by Walcher, who, in his clinic in Stuttgart, has increased the percentage of nursing mothers from 23 to 100. Franz says that until 1907 he himself had paid no special attention to the matter, and the percentage of nursing mothers among his patients was only 70. The stimulating result of the physician taking a personal interest in the matter is evidenced by the fact that the writer has now a percentage of almost 100. His method is thus described: The child is first put to the breast on awaking from the slumber which usually follows birth. There seems to be no distinct disadvantage in the long delay sometimes thus caused. The child is left at the breast not longer than 20 minutes. After this, with the exception of a rest interval from 10 p. m. to 6 a. m., the child is put to the breast every four hours, using

either breast alternately. In some cases, where the child does not take much milk at each nursing, the number of feedings is increased to six instead of five. The shape of the breast or condition of the nipple offers no satisfactory criterion as to the capacity for nursing. There is no sunken nipple which cannot be drawn out and seized by the child. It is not necessary to draw out the nipple during pregnancy; it is sufficient to begin when the child is about to nurse. The child should take the nipple as far into its mouth as practicable, in order that the act of sucking shall be as vigorous as possible. If the child goes a day or so without taking to the breast, it may be necessary to partly withdraw the milk by artificial means. It is very desirable that

the breast should be completely emptied at each feeding, since if milk stagnates in the breast, the secretion is likely to dry up. Cleanliness is almost the only measure useful or desirable in the treatment of sore nipples. A compress of 70 per cent alcohol is mentioned by the author as having a favorable action; he has had only one case of mastitis in 1500 puerperal cases. Abundant nutrition for the mother, and the psychologic influences of a determination to nurse her child, are powerful aids. Children weighing less than four pounds are fed from a spoon with milk drawn from the breast. In such cases it is desirable for the mother to allow a stronger child to use the breast until secretion is established. (Berl. Klin. Woch., July 10, 1911.)

BOOKS

Manual of the Diseases of the Eye for Students and General Practitioners. By Charles H. May, M.D., Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons, Medical Department, Columbia University, New York, 1890-1903, etc. Seventh edition, revised, with 362 original illustrations, including 22 plates, with 62 colored figures. Wm. Wood & Co., 1911. Price, \$2.00 net.

A text book which has gone through seven editions and as many reprints in the course of eleven years scarcely needs recommendation from the pen of the reviewer. Books like that of Dr. May will always have an extremely useful place in medical literature, and in its class and at its price the volume under consideration has probably no superiors. Illustrations and print are excellent, and there is a very serviceable index. In preparing the seventh edition every page, we are told, has been carefully examined, many alterations have been made, and numerous paragraphs added on recent topics, such as trachoma bodies and the use of salvarsan and tuberculin. There is a new chapter on the ocular manifestations of general diseases.

W. H. C.

Gonorrhea in the Male. By Abr. L. Wolbarst. Published by the International Journal of Surgery Co., New York.

This little book is the type of the many monographs which confine their contents to one subject, and in so doing strike to the point, thereby giving one a concise but working knowledge of the matter treated.

Dr. Wolbarst has in this volume combined a series of his articles on gonorrhea in the male. He has given his own ideas and methods only, or as they have been modified by the experience of others, and one can rely that should he stick closely to the methods of diagnosis and treatment described therein he cannot be far from correct.

The author lays special stress on the diagnosis of the particular lesion or group of lesions which exist in any given case as the principal part of the cure.

It has been too long the practice to treat all gonorrheas alike, without any attempt to localize the lesion.

The reviewer wishes to express his admiration for the manner in which the author has boiled down an immense subject without omitting anything that would be of importance in the ordinary run of cases; this, of course, is to be much commended, for the book was written for the man who has not the time to wade through all the literature on the subject.

J. B. D.

The Principles and Practice of Bandaging. By Gwilym G. Davis, M.D., Universities of Pennsylvania and Goettingen; Member of Royal College of Surgeons, England; Professor of Orthopedic Surgery, University of Pennsylvania. 128 pages and index. Cloth. Price, \$1.00. P. Blakiston's Son & Co., Publishers, Philadelphia.

As stated in the preface, the present volume is based on a previous one by the same

author, issued in 1891. The illustrations have all been redrawn and the manuscript rewritten. In describing roller bandages endeavor has been made to give their simplest and best mechanical constructions, and inasmuch as the book is intended for beginners and others not informed in medicine, the language used is intended to be as simple and direct as possible. The author is well qualified to write upon this subject, and his work is commendable.

G. W. M.

A Text Book of Alkaloidal Therapeutics. Being a condensed resume of all available literature on the subject of the active principles added to the personal experiences of the authors. By W. F. Waugh, M.D., and W. C. Abbott, M.D. Third edition, revised and enlarged. Octavo; 762 pages. Chicago: The Abbott Press, 1911.

The book is dedicated to those who believe in "The smallest possible quantity of the best obtainable means to produce a desired therapeutic result." The text deals with 155 alkaloids and other active principles, and gives fuller information upon the physiologic action and practical therapy of these remedies than is to be found in any other work. An extensive index of diseases and remedies furnishes ready reminders as to the medicament indicated in the particular case. The alkaloidal idea is undoubtedly spreading, and to it, more than to any other factor, is due, we think, the recent encouraging revival in therapeutics—the inevitable reaction against the hopeless and useless pessimism of the European dead house artists. The stress laid by the authors upon the study of the effects of drugs upon living human subjects (rather than upon dogs and frogs), is a position almost axiomatic, yet one which the regular medical profession has been slow to put into practice. While perfection is not to be expected of any method of treatment, we believe that the saying, "Once an alkaloidist, always an alkaloidist," is absolutely true.

E. C. H.

Diagnostic and Therapeutic Technic. By Albert S. Morrow, M.D., Adjunct Professor of Surgery, New York Polyclinic. Octavo of 850 pages, with 815 original line drawings. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.00 net.

Professor Morrow has long been known as one of the ablest of American teachers.

This admirable volume needs no commendation, based as it is on the author's extended experience.

In the preparation of this volume the author's experience as a teacher so convinced him of the value of appropriate illustrations that he has introduced into this work a series of well executed plates, portraying all important steps in operation, so at a glance the technic of the various procedures is illustrated.

Throughout the entire work Professor Morrow has judiciously endeavored to so arrange the text that the diagnostic and therapeutic technic of the various operations can almost be seen as correctly as in the operating room, by the side of an operating surgeon.

Every page bears the imprint of the author's individuality, close observation, earnest study and wide experience, and we predict for this work a wide sale, for every region and organ is well illustrated throughout the entire work, and directions are carefully given for the performance of many operations. The text is clear, well expressed, and so arranged as to be easily observed and retained.

G. C. S.

Health Hints. By E. R. Pritchard, Secretary of the Chicago Department of Health; 153 pages; cloth bound. The Reilly & Britton Co., Chicago, publishers. Price, 50c net.

This is really a very helpful little book and well worth perusal. While it is not primarily written for the instruction of medical men, yet it could be read with interest and profit, and nothing could be better to put into the hands of a doctor's regular patients, and would no doubt be welcomed and kindly received. It is divided under some thirty different headings and covers the whole subject most thoroughly and comprehensively, containing a large fund of rich thought and information.

J. C. S.

Suggestive Therapeutics, Applied Hypnotism, Psychic Science. By Henry S. Munro, M.D., Omaha, Neb. Bound in fine cloth, good paper, well printed. 409 pages. Price \$4.00. Published by C. V. Mosby Medical Book and Publishing Co., 801-806 Metropolitan Bldg., St. Louis.

The influence of mind upon mind or suggestion has been used ever since man's appearance upon the earth. Psychic effects entered largely into the work of Hippo-

crates and were responsible for a large part of the good results attained by himself and the eminent physicians who have succeeded him all down through the ages, and it is one of the most efficient weapons in the hands of the successful physician of to-day.

But, while this is true, still it is no less a fact that this very important part of the Art of Medicine is very inadequately understood or appreciated, and is sadly neglected by the rank and file of physicians of our time. For this large class—indeed for all, no matter what their attainments in this field may be—Dr. Munro's work is a wonderful store house of the most valuable kind of information. It is clear, terse, luminous and very practical. The theoretical and scientific aspects of the subject are presented in such a way that they can be understood by those of the most limited training in psychological subjects. His methods and illustrations as to the best means of conveying suggestive influences are clear, simple, easily understood and divested of all grand stand plays, deception and other evidences of charlatanry. His sole aim appears to be to impart to the physician the simplest, best and shortest way of securing the confidence and co-operation of the patient and his relatives and friends, in order that he may do him the most good and achieve the largest results in relieving pain, disease and unhappiness in the world.

Taken all in all, it is a great book, and should be read by every physician who is anxious to promote the best interests of his patients, his profession and humanity.

E. STUVER.

Bismuth Paste in Chronic Suppuration. By Emile G. Beck, M.D., Surgeon to the North Chicago Hospital. 8vo. 237 pp. C. V. Mosby Co., St. Louis. 1910.

In this book the author gives the result of his very wide experience in this method of treatment of chronic sinuses and cavities with the injection of bismuth paste. From a careful perusal of his book one would take it for granted that this method is universally successful, but the fact remains,

however, that in the hands of others it is not always followed by such brilliant results; possibly due to the fact that in the use of it the technic is not followed as carefully as it should be, and the author calls attention to the fact that to be successful the technic must be followed very closely.

The book is profusely illustrated with reproductions of X-ray plates, which should emphasize the fact that the use of bismuth paste surgically has a double purpose, that of accurate diagnosis of the extent of the sinuses and cavities as well as cure of them.

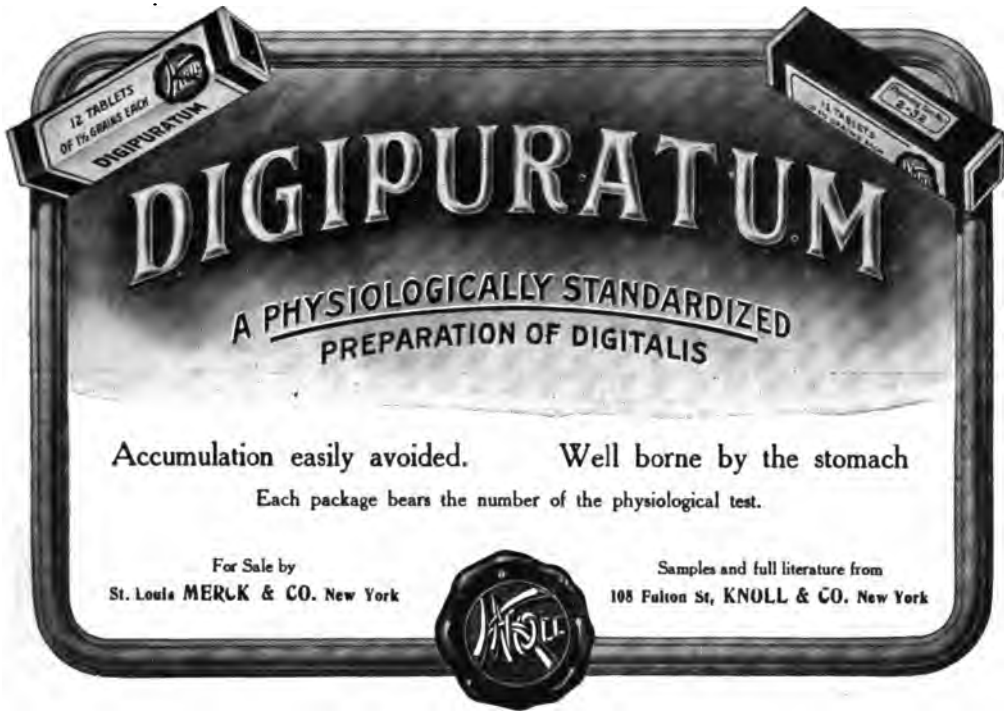
The work is a valuable hand-book for those interested in this particular line of work, and is a valuable addition to the surgeon's library.

C. B. L.

A Manual of Clinical Diagnosis by Means of Laboratory Methods. For Students, Hospital Physicians and Practitioners. By Charles E. Simon, M.D., Professor of Clinical Pathology and Experimental Medicine in the College of Physicians and Surgeons, Baltimore. Seventh edition, enlarged and thoroughly revised. Octavo, 780 pages, with 168 engravings and 25 plates. Cloth, \$5.00 net. Lea & Febiger, Philadelphia and New York, 1911.

Compared with the earlier editions of this work, the seventh edition indicates the great progress which has taken place in laboratory diagnosis during the past fifteen years, and the much higher esteem in which it is now held by clinicians. The text is thoroughly up to date, embracing all the newer methods which have proved to be of any real service. The bacteriologic appendix serves to fill out the work to practical completeness as a laboratory guide. The second part of the book summarizes the factors in the laboratory diagnosis of most common diseases, alphabetically arranged. This is very helpful for quick reference in the study of individual cases. Many new viewpoints are brought out, including some which controvert hitherto accepted opinions; e. g., the secretion of HCl in gastric ulcer. The splendid array of illustrations, largely original, combine artistic beauty and immediate utility in the highest degree.

E. C. H.



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All advertising correspondence should be addressed to the main publishing office, 1839 Champa Street, Denver, Colorado.

Our prices on Reprints about cover actual cost. Those ordering Reprints must order at the time of revising their proofs.

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STATE MEDICAL ASSOCIATION.

The Annual Meeting of the State Medical Association of Utah, under the Presidency of Dr. Fred W. Taylor, of Provo, will be held at the City & County Building, Salt Lake, on the 4th and 5th of October.

It has been said, "Blessed is he that expects little, for he shall receive nothing." The members of the State Medical Association have learned to expect but little from their official organ, and probably were not disappointed when they found themselves entirely ignored in August. The organ of the State Associations of Oregon, Washington and Idaho, being devoted to the interests of the medical profession of the Pacific Northwest, felt no compunction in crowding out the Cinderella Sister—Utah. We notice, too, that Alaska was frozen out.

MEDICAL LIBERTY.

We commend the following from Collier's Weekly to the notice of our readers. The public should know the antecedents of those who pose as their "only friends," and, we ask, who is so well able to do this as the physician. Unless, however, he troubles himself to gather and store up material bearing upon the actions and lives of those whose hostility to the medical profession is based upon ignorance, cupidity and an absolute disregard for truth and honesty, he is to confute the blatant nonsense put forth by these charlatans and the public necessarily believe that there must be some degree of truth in the statements and arguments of these so-called defenders of medical freedom.

We congratulate Collier's upon their stand in this and other matters affecting the public health and we urge physicians to endorse the "Weekly," inasmuch as the laity will accept statements made therein, without the usual mental reservations when similar statements are made by the physician or those whose training has led them to look at the subject from the scientific point of view:

"Protests from readers have greeted our criticism of the League for Medical Freedom. Also a protest is telegraphed from the California branch of the league. In the minds of most of those who protest, the principal objections are to the following positions taken by us: 1. That the league contains the kind of men who opposed the Pure Food Act. 2. That the activities of the league are against public welfare and frequently surreptitious. Our answer follows:

1. B. O. Flower, one of the nine founders of the league, and now in his second term as president of it, was President of "the R. C. Flower Medicine Company" from 1885 to 1899. R. C. Flower is the notorious quack and general humbug whose latest arrest

was as late as 1908. B. O. Flower wrote the league's pamphlets on "Bubonic Plague" and "The Compulsory Medical Inspection of School Children." His views on patent medicine are often expressed. For instance:

I believe that a great majority of the proprietary medicines are infinitely less dangerous to the public than the majority of regular doctors' prescriptions.

2. C. W. Miller, second vice-president of the league, was also one of the founders. In his newspaper, which publishes patent medicine advertising, he has constantly fought the medical profession. Last year one of his addresses against what he calls a "doctors' trust" was delivered to the Dairy Association in Baltimore. We may say in passing that Collier's does not believe in freedom to sell tuberculous milk any more than it does in freedom to sell tuberculous meat.

3. Mrs. Diana Belais, a director and also a founder, has appeared before in this paper as president of an anti-experiment society, a well meaning, ignorant, reckless, and muddle-headed agitator. We are officially informed by the chairman of the "committee on publicity and education" of the league that Mrs. Belais was made a director "because of her courageous efforts to secure a higher law in New York State than the doctors' cruel theories and professional arrogance." Here's to anti-experiment, meningitis, diphtheria, and freedom!

4. Dr. C. S. Carr, who is on the advisory board, edits a pseudo-medical sheet. Collier's long ago printed a letter signed "The Peruna Drug Company, per Carr." As editor of "Medical Talk for the Home," he carried advertisements of many of the medicines exposed in Collier's in our series on "The Great American Fraud." He is now editor of the Columbus "Medical Journal," which he at once turned from an ethical sheet into a sheer fraud. Look at the issue of May, 1909. On the

front cover is a picture of Carr himself writing: "All drugs are poison. All druggists are poisoners." On the reverse side is an advertisement beginning: "Prescribe Antikamnia and Codein tablets in la grippe, headaches, etc." Hurrah for freedom and Peruna!

5. George P. Englehard, who is on the advisory board, has for a long time in his journals defended the patent-medicine interests.

6. Charles Huhn, also a member of the board, is a prominent officer in a cooperative patent-medicine concern.

7. Another founder was a member of the advertising agency which is now spending for the league the money which it puts into its advertising campaigns.

The league says it did not oppose any "sanitary or quarantine laws." This statement requires some hardihood, as the hearings of the Senate Committee on Health, and more especially of the House Committee on Foreign and Interstate Commerce, show. It would interest us to know whether the league can point out a single health bill introduced in Congress which it has not opposed. When the leaders wish to oppose a sanitary or quarantine law they do it on the ground that such a law would indirectly "lead to compulsory and discriminatory legislation."

The league was nominally born recently, but those who make it up had already as individuals, and even as organizations (such as the Colorado League for Medical Liberty), opposed State and National legislation. A pamphlet published by the Colorado branch singles out Collier's for attack, and was written by a notorious quack doctor. In California, which was the special theme of our former editorial, if the league should prevail, the next threat of bubonic plague would be carried out, instead of being suppressed like the last; smallpox might again become a serious epidemic; school children would bear their ills as best they

might. A bill was introduced ordering that the Board of Health be composed of two "allopaths" (a school which does not exist but is a hostile term for regular physicians), two homeopaths, two "eclectics," two osteopaths. It did not pass!

Some leading homeopaths and osteopaths, be it said, are in favor of a national health bureau and strongly against the agitations of the league. Dr. Francis B. Kellogg, president of the California State Homeopathic Society, in an address recently said: ". . . In my opinion there is an effort being made to exploit the homeopathic profession by influences and interests which are indirectly but radically opposed to the welfare not only of practitioners of medicine in general, but to that of humanity itself. I refer to the effort to enlist homeopathic support for the so-called National League for Medical Freedom."

Plato complained that in his day doctors made too sharp a distinction between the body and the mind. In our day the best class of physicians frequently recommend faith cure and Christian Science, and the Emmanuel movement is an indication that it is possible for science and religion to work together in healing. Few mere observers rate the benefits that Christian Science has brought to the community more highly than we do. A belief which so frequently brings about an actual improvement in character, disposition, bodily health, and mental atmosphere, deserves the most serious recognition, even by those who regret its hostility to the progressive science of medicine. It is possible, at times, for clever designers to use members of any faith for disastrous purposes. When R. C. Flower was at the height of his career, in 1907, as manufacturer of diamonds, vender of fake mining stock, wearer of most ingenious disguises, traveler under assumed names, and general artist in gold bricks, he

conceived the idea of playing for profit upon the earnest beliefs of the followers of Mrs. Eddy. One of his accomplices, a woman, who also used an assumed name, worked the game with him, and when Dr. Flower, alias Mr. Cortland, took up the cudgels in defense of Christian Science, without being requested to do so, he said:

Not that I am one of its disciples, but I like to see every one free to practice medicine as he wishes.

Here we have the very words themselves from old Doc Flower. Up with freedom!

Everybody who believes in "freedom" in medicine is within his natural and political rights in supporting this league. Collier's, not believing in this species of "freedom," is also within its rights in treating the league as a menace, the make-up, bias, and purpose of which ought to be fully understood."

THE MENTAL HOSPITAL OF THE FUTURE.

By H. H. DRYSDALE, M.D.,
Cleveland, Ohio.

It is with a certain degree of trepidation that I come before you today to consider a subject which has claimed your very best attention for years, but I find courage in the thought that a discussion may result which will be the means of urging us on to greater activity in the work in which we are all so vitally interested.

In recent years the study of psychopathology, or medical psychology, has succeeded in analyzing the human mind in separating, one by one, the elements of which it is composed. It has also given us a broader conception of the architectural and functional plan of the brain of modern man and has explained many of the laws by which this marvelous structure, upon which Nature from time immemorial has been at work, is developed and perfected. As a consequence the study of psychiatry has received a pronounced impetus and scientific workers throughout the world are bending every effort to solve many of the hitherto unsettled problems relating to this all important branch of medicine. Already much has been accomplished in a practical way and particularly does this apply to the treat-

ment of mental disease in its incipiency.

From a humble beginning, the human mind, through progressive assimilation of impressions from without, adds to its capacity by introducing new functions which coordinate themselves with those preexisting, in order to furnish a more complex and finished product. Gradually, then, by way of association of the recent experiences with the older perceptions, the mind of man ascends to the highest abstractions to which it can attain.

If we can appreciate the fact that the mentality of mankind is dependent upon the integrity of an exquisitely delicate organization of fine nervous elements, in various patterns and plexuses, closely related and intimately associated, it becomes, easier to comprehend the manner of its derangement when its mechanism is disturbed, injured, or abused.

Life, as we are aware, is maintained by organic integration and disintegration. The physical organism extracts from the outer world those substances which are necessary for its sustenance and growth. At the same time it eliminates all the waste products and

* Read at the Conference of Superintendents of the Ohio State Hospitals, at Columbus, Ohio, December 28, 1910, and reported in the Cleveland Medical Journal.

restores to the earth the useless material introduced. This fact and law has its counterpart in mental life also. Of the millions of impressions arriving at the receiving centers of the brain and perceived and transmitted to the great central crucible of the psychic workshop, only some are utilized by, or incorporated in the mind. Those which are antagonistic to, or out of harmony with the integrity of the psychic functions are promptly discarded or assigned to the spacious storeroom of the unconsciousness. If those impressions which are hurtful are not eliminated they tend to instal themselves much to the detriment of normal mental health. A somewhat large class of psychic disorders have their origin in this manner.

It is, then, obvious that through life a continual contest is in progress between the mental stability of the individual and the strains and stresses, to which his environment exposes him.

One person with a strong and sound mentalization may withstand shocks of adversity, the invasion of toxic, infectious, and other dangers without insanity but the person that possesses a nervous organization enfeebled by inherited or acquired defect is exceedingly prone to intellectual disruption when such perils present themselves.

It was the noted physician-psychologist Maudsley, who said: "Minds like bodies were born constitutionally different, and as nobody is born perfect, everybody presumably has his weak organ; the spot of least resistance in him, which suffers first and most when overstrained or otherwise hurt. The misfortune is when that organ is the brain." This will explain how one individual suffering from a severe infectious disease accompanied by a high fever will successfully combat it with his mentality unruffled. Another suffering from the same malady, but with a much milder fever, becomes wildly delirious and otherwise physically disturbed. So it is with alcohol: in some

a small dose of an inebriating beverage may and frequently does precipitate a transitory mania, while in others a very large dose has apparently no ill effect. With this brief introduction permit me to proceed with the true subject of my thesis, "The Mental Hospital of the Future."

In no department of medicine have such rapid strides been made as in the care and treatment of disorders of the mind. Unfortunately for many years, insanity was surrounded by secrecy and mystery and even today a surprisingly large number of supposedly well informed persons entertain the view that an insane person is none other than a social castaway, doomed by heredity and fate to be secluded and hidden out of sight. An impression also prevails that an individual once insane is always insane and that few, if any, ever recover. Not very long ago I was interrogated by one of the members of the Board of Lady Visitors who desired to know whether the recovery record among the inmates of our state hospitals ever exceeded one per cent.

Many of these superstitious notions however, are falling by the wayside and the public gradually is beginning to realize that the insane are sick with a disease which in many of its forms is amenable to early treatment. For some time the medical world, prompted by this conception, have been actively engaged in a struggle against chronic diseases and especially with tuberculosis and insanity. As a result of these investigations we have discovered that whatever success the future holds in store for us will come from the application of efficient prophylactic measures. Our future then will be a campaign of preventive medicine. A few years ago tuberculosis was looked upon as a hopeless scourage and thousands died without a single hand being lifted in their behalf. Today it is safe to assert that the large majority of cases

detected in the developmental stage are recoverable. As it was with tuberculosis so it is with insanity. We were taught all these years to look upon this infirmity as a disgrace to be hidden in the "family closet," and as a consequence many curable cases have been detained in unfavorable environments until the opportunity for amelioration had passed.

Heretofore the tendency has been to separate physical and mental affections into two separate compartments, as if there was no connection between them. On the contrary there has always existed an harmonious reciprocal relation between the body and mind and both are altered by the modifications that occur in each. Furthermore it has been fully established that many of the causes that seriously disturb the physical economy are the same as those which disintegrate and destroy mental health. Mental patients therefore are sick patients. Such persons are ill because their nervous systems are permanently or temporarily affected. Many of them present manifestations of exhaustion and toxemia. They also suffer from other disorders—in some instances prior to, and leading to insanity, and very often as a result of nervous ill health. So, inasmuch as the insane are physically sick of a malady which in the early stage of many of its forms is curable, it is only just that such persons be as humanely and considerately cared for as other sick persons, and on a similar basis.

These are the principles which underlie the modern movement for hospitalizing public institutions for the insane and several states, notably New York, Massachusetts, Illinois and Michigan have now in operation fully equipped departments to meet the new demands.

It is contended by those best qualified to speak on the subject that if we are to meet with any success in curbing the gradual increase of hopeless insanity energetic measures must be ap-

plied at a time when there is great hope for recovery. That a considerable number of the acute insane are exceedingly susceptible to wise and judicious treatment has been demonstrated time and time again. In the Bethlem Royal Hospital, London, where only recent cases are admitted, Stoddard reports recoveries in 48 per cent. This indeed compares favorably with the recovery record of certain physical diseases. It is also a well known fact that many persons wandering from the path of normal mental control have an exceptionally clear insight into the nature of their affliction and are more than willing to cooperate in the restoration of their health. But they object, and with good reason, to having to submit to arrest by the police before they can partake of the treatment necessary for their recovery. Unfortunately our state institutions are concerned only with those cases which are committed by the courts. In many instances these patients have been mental invalids for years and have reached a state of deterioration for which we have no remedy. As a consequence fully 70 per cent of the patient population of these hospitals are what are termed "chronics." Surely we cannot expect individuals approaching mental impairment to voluntarily accept treatment in what they regard as a hope-deserted environment. Furthermore, a quasi-political atmosphere pervades our state hospitals and this too detracts from the modern curative spirit.

At this point, however, I cannot refrain from emphasizing the fact that the hospitals of Ohio are as well equipped and efficiently conducted as the best institutions of a like character in the world and in some of them to my own personal knowledge, excellent work along advanced lines is being performed, although handicapped by many obstacles. The recovery record of your institutions, gentlemen, is as high if not higher than in similar hospitals in

Italy, Germany, France, Switzerland, England or Scotland. But the proposition that confronts us does not relate so much to the care of that large class of institutionalized cases, although many of these regain their reason, even after a year's residence in the hospital, but in the prevention of those types of insanity as are already known to be preventable. With these facts before us there seems but one course to pursue. This will be found in the organization of what is known as a psychopathic department in every populous center or institutional district. For obvious reasons it should be separate from the main institution so that the patients admitted will in no manner come in contact with the objectionable types of advanced cases.

It is needless to say that its location should be easy of access and the situation such as to avoid all disturbing elements. The surroundings must be inviting and the building supplied with an abundance of light. Comfortable rest-rooms and sun-parlors would be of inestimable service. Provision should be made for the effectual segregation of noisy and disturbed patients when necessary. This I consider extremely important. The internal construction should be made to resemble as much as possible our general hospitals but separate rooms, except a few for special purposes are unnecessary. Women nurses, it seems, have a more quieting influence over the acute insane than men and their presence is a guarantee of gentle and refined methods. By their companionship a homelike feeling is obtained which is most desirable. Care must be exercised, however, in choosing only those temperamentally suited for this trying work and better still they should be graduates of recognized training schools. Their number in proportion to patients will of necessity be relatively greater than in the main building.

In the selection of a medical staff

preference should be given to those who are not only experienced with the insane, but who have obtained adequate knowledge of bodily diseases and the causes thereof. These officers would be subordinate to the medical superintendent, who would direct and have charge of the scientific work. A small laboratory is indispensable for the examination of the blood, sputum, bodily secretions and pathological specimens. Legislation could be enacted permitting the superintendent to receive without judicial sanction a limited number of suitable nervous and mental patients for first care, observation and treatment. Each applicant would be obliged to furnish a proper certificate from his physician setting forth all the facts in the case. The right to accept or reject the patient would rest solely with the superintendent.

The hospital being small with a limited admission of selected patients would afford excellent opportunity for the through study of and particular attention to individual cases as cannot well be given in our massive institutions, with their inadequate medical staffs. Not only would exact and close study be made in every instance, but the attendance of physicians and students devoting their entire time to the clinical investigation and exposition of mental disorders as well as the physical complications which arise, would sharpen medical acumen, suggest new lines of inquiry, stimulate healthy rivalry and prevent routine of thought, action and treatment. The mentally sick could hardly fail to benefit by the surrounding atmosphere of sanity.

In Europe, and while I speak I have in mind the special hospitals of Paris, the patient presents his medical certificate on certain days and is received by the director of the outpatient department. If after a complete examination in the dispensary he is found to be in need of hospital care, it matters

little whether he is sane or insane, he is promptly assigned to the proper ward without any other formality. I was very much interested in the psychiatric clinics in connection with several of the London hospitals. At Charing Cross Hospital, Prof. Chas. Mercier every week conducts a large clinic, where patients who are in a state of mental unrest come for counsel and treatment. Whenever he finds it necessary or desirable, Mercier calls upon one of the visiting nurses, attached to the hospital, to investigate the case and report to him the nature of the patient's environment. In this way he is able to cure many suffering from mild psychoses and to prevent others from developing insanity. This is in keeping with the modern trend of preventive medicine.

In visiting the famous Salpetriere Hospital, in Paris, with its patient population of over 3500 women, we passed through wards containing not only those mentally ill but those suffering from the various forms of nervous disease. The general atmosphere was that of a busy clinical hospital and the large medical and nursing staff was diligently engaged in caring for the many sick under their charge. In other European institutions the same plan is in operation and it is only a matter of time when our American institutions will be conducted in a similar manner.

One of the most serious defects in the methods employed in dealing with the mentally disturbed in the community is the extent to which it is considered necessary to appeal to the police. This largely is due to traditional notions and customs, and of expediency, other means not having been provided, or clearly felt to be needed. For my part I cannot see any good reason why the State of Ohio should not furnish nurses, qualified as special agents if necessary, to bring insane persons to the hospital, nor why many more patients cannot be examined in their homes and sent directly to the hospital

thus avoiding possible contact with the strong arm of the law. I believe, however, that the criminal authorities do the best for these patients in what seems to them a proper way. But their methods, knowledge and facilities are still inadequate. Even when they treat the cases with consideration and kindness the system is at best faulty and inevitable suffering and aggravation of mental disorders must result. It is also my opinion that the confinement of women in jails merely because of insanity is totally unnecessary under any circumstances and should be prohibited by law.

The services of the police officer will of course be always required under certain conditions but I am sure that this interference can be reduced to a minimum. If our hospitals could be made more accessible and the conditions of admission and discharge more reasonable for voluntary cases and those of emergency, many of these difficulties could be overcome. It will indeed be a happy day for the mentally unstable when the public at large feel the need of this as in general medical and surgical cases. Is it not pitiable to hear a patient exclaim, "The police came to my home and took me away. Why was I arrested? I have done no wrong. I am sick."

A very large number, probably 15 per cent of those found to be legally insane, recover in a remarkably short time. This especially applies to certain types of alcoholic psychoses, transitory confusion, excitement and depression. Under existing laws these patients when apprehended by the police are immediately lodged in the county jail for safe keeping. It has happened many times that patients finding themselves locked up behind prison bars suddenly lose their self-control and become violent. The jail officials having no facilities for such emergencies quickly adjust the handcuffs or some other means of mechanical restraint.

Certainly such inhuman conduct leaves a serious impression upon the mentality of these unfortunates and is enough to prejudice their chance of recovery. It is an additional burden for them to carry and the very thought of their former harassing experience is sufficient, in not a few cases, to excite recurrence. If these mental weaklings could have received first care in an environment where the medical spirit prevailed, they would have recovered more promptly and taken on new courage, resting assured that should they again falter under the strain and stress of modern life, appeal for help would not mean imprisonment in jail.

Then we have that class of mild borderline cases who have a full realization of their condition but are driven hither and thither by tormenting doubts and fears. In some of these the impulse to suicide is strong. Not infrequently they seek medical help and protection but in consequence of a deeprooted prejudice that possesses them, they steadfastly refuse to undergo treatment in the surroundings of the chronic insane. In my own experience several of these morbidly inclined individuals have destroyed themselves. So long as we remain unprepared to extend relief in times of acute mental distress, calamities such as these will continue to shock us.

Perhaps the strongest reason which justifies the erection of these modern institutions is the facilities offered for the teaching of psychiatry. In the past, few medical schools have been competent to instruct their students in matters pertaining to this important branch of medicine and as a result there are today hundreds of excellent physicians who have graduated without having had the opportunity of witnessing a single clinic for mental diseases. It is not strange then that the average practitioner's knowledge of disorders of the mind is as crude as the layman's. These shortcomings can in

future be remedied by permitting students to observe and study abnormal mental manifestations so that they may be able to interpret the early indications of impending disaster and perhaps forestall its progress into confirmed insanity.

Another important feature of our work which has not received in Ohio the attention it deserves, relates to the aftercare of insane patients. Those who have friends do not, of course, require further official supervision, but many less fortunate are obliged to convalesce in degrading and hazardous environments. In New York a committee of aftercare follow the patient to his home, study his habits and social conditions, arrange for his employment and endeavor to assist him in every way in order to diminish the tendency to recurrence. Great good has resulted from this source and Ohio might also profit from the inauguration of a similar system. A special organization with visiting nurses, agents, etc., could work in conjunction with the hospital in behalf of patients who have had to reestablish themselves in faulty surroundings. In this connection it would be advisable to develop an outpatient department where these patients could seek advice and instruction with the same freedom as obtains in the dispensary service of our general hospitals. The aftercare of the insane, in my judgment, is just as important as the aftercare in surgical operations and during convalescence in either condition relapses and complications are very apt to occur.

I might go farther and call to your attention additional matters of improvement as advocated in this worldwide movement for the betterment of the insane, but this I fear would prolong my paper beyond reasonable limits. I should like, however, at this point to quote George M. Robertson, Physician-Superintendent of the Royal Edinburgh Asylum (Morningside), who

recently said: "My own policy for many years has been openly to put under suspicion every practice that is in operation which is peculiar to asylums. If I find I can do without it I abolish it, and if I find it cannot be done without, but that it can be replaced by another method of a hospital character, then I introduce that. Subjected to this stern criticism it is surprising how many anachronisms and unmedical traditions have been exposed and with a policy of hospitalization so definite and active, progress towards the goal we strive for is a comparatively simple matter."

It is apparent, then, that the modern curative spirit is best expressed in the psychopathic hospital or observation ward, for the care and treatment of the acute insane. It seeks the most enlightened treatment of brain disease, broadest knowledge of mind disorders by scientific research into its nature, causes and results, amplest opportunity for clinical study and instruction in psychiatry and mental hygiene, public provision for voluntary and emergency cases without the adjudication of the courts, out-patient service for the poor who need instruction and counsel, aftercare of dismissed patient and for the early discovery of dangerous tendencies of the mentally deranged in time to safe-guard against violence. These will be the chief benefits to be derived from an acute hospital well staffed, well nursed and well directed.

Let it not be supposed that an institution of this sort will be a panacea for all of our deficiencies for such will not be the case by any means. No matter how well equipped they may be, or how skillfully conducted, they can never succeed in preventing a certain number of patients from becoming chronic invalids. Nor in cases in which the disease is fully established or well developed can we anticipate a higher rate of recovery than in any other institution. But

they will prove their usefulness by furnishing modern facilities for the proper treatment of people not strictly insane, but as those needing hospital are and who are returned to their homes without having been subjected to a court inquiry, an element of great satisfaction to the patient and his family. In this respect they will be a valuable acquisition to the curative equipment of the state hospital.

During the past few years the methods for the clinical investigation of diseases have increased both in number and in complexity. Some of these require not only a high degree of technical skill but a great deal of time and it is utterly impossible for the physicians who have their daily rounds to make and whose services are in demand every hour of the day, to undertake them. These investigations of a chemical, microscopical, bacteriological, pathological and psychological character must be conducted by a special staff appointed for this purpose, so that they will not be interrupted in their delicate work. It is therefore advisable that the Ohio Legislature establish a modern laboratory centrally located and in affiliation with a university medical school or hospital where these studies may be systematically pursued. Columbus would make an ideal situation for the development of a pathological institute in Ohio. The material required for scientific research could easily be transferred from the various state hospitals and the medical officers of each institution would be required to serve a definite period in laboratory work. The advantages to be derived from such an establishment would be far reaching as many of the still unsettled problems in psychiatry can be solved in no other way. Charles H. Clark has recently read a paper on this subject and I heartily concur with his views.

The proposed movement for extending the application of the medical view

of insanity to the official methods of dealing with insane persons is in a measure an extension of State care. It provides for the building up on a medical basis, under State auspices, a system of dealing with the whole problem of mental disorders in a more efficient manner than has ever been undertaken before. The mental hospital of the future must therefore be prepared to carry out these ideals. From now on the plan of erecting mammoth monumental institutions throughout the country will be superseded by the demands of modern progress which calls for the establishment of public hospitals on the cottage plan so that patients may be treated and studied individually and not as a class. Furthermore the success of your hospitals will no longer be measured by the executive and architectural ability of the superintendent and his low per capita cost of maintenance but rather in his percentage of recoveries. In other words, the mental hospital of which I speak, will be a well governed general hospital with efficient medical staff, skilled nurses, diet kitchens, surgery, laboratory, hydrotherapeutic and electrotherapeutic appliances, hygienic surroundings and congenial environment—a true hospital in every sense of the word. Combat these facts as much as we choose, the thought will return that insanity is a disease and the hospital idea must shape our treatment of its various phases and our construction of the buildings in which we attempt its cure.

Within ten years the appointment of incoming superintendents will be under the control of a civil service system and it is quite probable that a Commission in Lunacy will supervise the entire service. The wide call for these improvements to avoid the stigma of insanity which so many keenly dread but is a cry to secure early care for individuals who need it badly. It has now become a universal appeal and the general trend of

thought is focussed in this direction. Nothing possible can stand in the way of its development.

Recently the City of New York has undertaken to organize a commission composed of alienists, neurologists, social workers, philanthropists and other persons whose position gives them influence and opportunity for effectual social service, for the prevention of insanity. An appropriation has been asked to enable the committee to carry on educational work similar to that performed by the Board of Health in the prevention of tuberculosis. The campaign will embrace the dissemination of knowledge regarding certain phases of insanity, will explain how at least 40 per cent of the male admissions to State hospitals are directly due to alcohol, drugs, syphilis and acute infectious diseases and how many of these can be avoided. Popular lectures will be given, leaflets will be distributed, clinics established in connection with many public and private hospitals and an attempt will be made to bring together a strong and united body of willing workers whose duty will be to teach the general public to appreciate the close relation existing between insanity and certain factors susceptible to control by the individual and by community action. This indeed is a worthy object; fit to engage the earnest interest and the serious consideration of the best and strongest in any locality. Any arrangement of this kind will, I believe, do more to advance the treatment of mental diseases than any other agency, for after all the real crux of this momentous problem is education. In Cleveland, Judge Alexander Hadden of the Probate Court, has of his own initiative been spreading these tidings in popular lectures and if others would follow in his footsteps much good would be accomplished.

Finally, the 13,000 mentally enfeebled patients in Ohio state hospitals are the end products of processes which

have their beginning in a complexity of personal and social elements which lie far back of where our work now reaches. A campaign for tracing out and controlling these factors is de-

manded and the privilege and duty of shaping it should belong to us. Shall we accept this new responsibility or shall we continue to devote ourselves to institutional problems.

DEPARTMENT OF EUGENICS

THE VENEREALS AND THE SCHOOLS.

DR. G. HENRI BOGART,
Terre Haute, Ind.

Some time since a young man, a graduate of a great university, who has been taking a lively interest in my work along the line of eugenics asked me for some reprints and extra copies, that he might send them to a physician of the university city, and learning that I should soon visit the city in question, he asked me to mail the papers directly to the doctor, with a personal letter, which he would supplement.

A lively correspondence ensued, so that when I made the trip, it was not for one day, but contemplated an indeterminate stay, that would enable me to make a complete investigation.

I found my correspondent, himself an alumnus of the college, living in fine style, with all the accessories of a plentiful income.

He is par excellence, a specialist.

With a lively interest in the combat against the venereal poisons, he gave me the fullest confidence.

When the autumn term opens, he mails a covered card to each of the matriculants, a letter of introduction, modest to the highest degree. Fortunately, he is a deep student in his specialty, a man with a broad sense of the terrible effects of these specific ailments, his treatment is the broadest of any that I have yet encountered in actual practice; he seeks the complete cure of his patients, he takes the boys into his confidence and teaches them.

All this is a benefit to the students, and to humanity a God-send that they are protected from the fakir cormorants of society, or what is almost as bad, the regular practitioner, who through ignorance or carelessness, is satisfied to dry up the obnoxious flow and relieve the painful inflammatory conditions and then stop.

He keeps a complete case record, and I was somewhat astounded to learn that his annual list included almost one third of the entire student body, and that full 90 per cent of the graduates had been under his care, one or more times, during their school career.

Other universities may or may not have the services of so conscientious a practitioner, but I have not been able to learn of any other who makes this his life work since from the very nature of the matter—the veil of secrecy, even within the profession, is so closely drawn about the venereals—it is impossible for us to know accurately the definite statistics of this gnawing horror.

Through this gentleman, I met an elderly gentleman, who while not catering to, nor soliciting the particular practice, yet has a large clientele from the scholarship of a noted co-educational institution and from him learned some other surprising facts, for instance, that both sexes are represented on his lists, though through a promise to him of silence, I am not at liberty

to compare their numeric proportion.

The young women, some of them were of the highest respectability and scholarship, and the doctor assured me, that in all his thirty years of experience in this line, not once had the secrecy—so vital under our double standard of sex relationship—failed in maintenance.

These facts will furnish food for some startling thought.

The Indiana State Bulletin, "Social Plagues and Sexual Hygiene," instances a case wherein a student of one of the high schools of Indianapolis—a girl—had infected near a score of the lads who were her schoolmates, and so far as the personality of the actors of the drama of degradation was concerned, there had been no publicity.

All this means that we are not pursuing the best line in our preventive work, when we are devoting so much time and effort to attacking the public house of prostitution, in our efforts to stamp out or control the ravages of specific disease.

Recently, a medical missionary of the Presbyterian Church of the south wrote me that he had noted some of the plain and radical papers along the lines of eugenics and sterilization, that I had published and asking where and how he could get more of them, so that I furnished him a complete list of such papers for the past year, that he might get and study them. In the correspondence which followed, he informed me that the reputed sturdiness of the mountaineers of the southern Appalachians is a fallacy, that these people are honeycombed with venereal infection, and that the terrible ignorance of the people, individually and collectively furnishes a fertile field.

He came from his home in Tennessee to see me and his collection of photos and notes are a revelation.

While not at liberty to make this man's name public, I will gladly forward questions of importance to him,

if accompanied by the necessary postage. It is astonishing how many will write a man who is before the public, for information for private benefit, and fail to enclose return postage, and also how heavy a financial burden this may entail upon the man who is sufficiently good-natured to answer.

I have been impressed, all through life, with the seeming coincidences which occur, though many of them doubtless happen because of a mental receptiveness allowing the circumstance to become prominent.

Shortly after the investigation of the first college mentioned, I had occasion to meet a civil engineer, and learning that he had graduated from this school, I asked him as to the doctor.

After some sparring, he told me that he owed more to this physician than to any one professor of the faculty. When he had received the notification card, previously mentioned he had gone to the doctor, and told him that as he was working his way through school, he would not prove much of an investment, in case of getting into "trouble," and that he would far rather pay for information for protection, etc.

The physician was at once interested, and not only gave the desired information but gave him literature (such literature is painfully scarce), as would inform of what every one should know.

Consequently, this man has never been infected, and more has known the benefits of the safe guard of the normal nocturnal emission, and those other little elements of protection of himself, in the best of manhood.

Would for the sake of the race, and of social purity, that every young man and young woman could know the same.

His partner, who was working with him, had been a classmate, both in this school, and in their postgraduate course, and had been a victim three times, during his scholastic career.

Shortly after graduation he had married, and a child was born within a year.

Then the health of the wife broke down and an ovariectomy became necessary; the child, a winsome girl of 7, is delicate,—what the old pathologies describe as “of scrofulous diathesis.”

The father has developed tubercular affection, with hemorrhages and progressive emaciation, and, with his family, has been living for a year in a tent, which he transports from place to place, with his place of employment.

I find it difficult to present a more perfect picture of the “deadly waste of sexual crime” than this family. The father, with all his splendid mental equipment for the world’s good, doomed, the wife reft of womanhood, and the child with a predestined invalidism.

I was not allowed to make any examinations, nor to question the family, as my informant cautioned me, when he took me to see the family, that this course was not permissible.

But the father, with an insistent ring in his voice and a loving glance at the child, asked, “Isn’t she a healthy looking child?” and with the diplomacy which makes a half truth do duty, that a medical man has to learn, I answered, “She is surely vivacious.”

While with a bunch of newspaper men one morning, as the writers were on the “dog watch,” the interval between the closing of the forms and the final issue of the edition, the young men were plying me with queries, and one of them, recently married, told that while in college he had danced

at a seniority function, with a student whom he knew to be in the “clap class,” albeit she stood high both as a student and socially.

He wished to know why there was no eroticism while he clasped her form in the waltz, when he would have expected that it would have been more pronounced under the circumstances.

I mention this incident, since the college in question was other than either of those which I have instanced, to emphasize the fact that the insidious poison is stealing through the halls of our schools and working its damning blight, while we are gingerly considering the feasibility of instruction in sexual matters for the youth.

Convention, and ostrich-like policy are making us ignore this demon trail, which is dragging its slimy way through all that is of the best of life and living.

While we are assailing the public prostitute, and clamoring for restriction and suppression, we are hugging the more virulent infection to our bosoms with sublime ignorance.

The remedy lies at the distal end; the youth, no matter the sex, should be fully informed on this vital question, then self-preservation, a higher self-respect, in a word the prowess of knowledge, will do more than all the repressive and restrictive laws that can be placed on the statute books; for law is too often more honored in the breach than in the observance, and there is no law capable of legitimate enforcement unless there be a well grounded, intelligent public sentiment behind it.

304 S. 15th street.

CRUSADE AGAINST TUBERCULOSIS.

The following report of the recent annual conference of the English National Association for the prevention of tuberculosis will prove of interest to those who have the well-being of the human family at heart.

It was presided over by Mr. John Burns, the President of the Local Government Board, who read a telegram from the King, in which the latter says:

"As patron of the National Association for the Prevention of Consumption and other forms of tuberculosis, I congratulate all who take part in the annual conference which assembles tomorrow. I sympathize deeply with the association's work, so far-reaching in its influence upon the future of the human race.

I note with interest the important questions to be dealt with at the conference, and the names of the eminent authorities by whom the meetings will be conducted and addressed."

In opening the proceedings, Mr. Burns said the conference was useful because it was a message of hope to an army of nearly 300,000 people in this kingdom, who were ill from tuberculosis, practical because it sought to terminate the premature death of two army corps of men and women that annually went to their death before their time by what he regarded as a preventable disease.

It was human because it intended, in our day and generation, to undermine and destroy tuberculosis, which John Bunyan described as "The caption of the men of death."

There was no comparison, he said, between the London milk shop of today and that of thirty-five or forty years ago, but there was still room for improvement. A Milk Bill was essential and urgent. He had one ready, but they had no right to emasculate a good bill simply to get it through Parliament within the next month or five weeks.

They had no right to pass a bill that, if weakened to get it through, might degenerate into a mere label. If they could not get a good bill at once they were determined that before many months the milk and dairy

industry of the country must be placed on a clean sound, and healthy basis.

Professor G. Sims Woodhead, of Cambridge University, quoted the Local Government Board's chief medical officer as saying that alcoholic indulgence increased the liability to all forms of infection, and especially to tuberculosis.

Dr. R. W. Philip, of Edinburgh, in urging the importance of domiciliary visitation from the dispensary, said this method had led in one case to the discovery of the fact that fifteen persons in one family group had been infected from an original case. The great ideal must be the erection of so complete an organization that no case among the poorer classes would remain undetected.

Dr. Cecil Wall (of Brompton and London Hospital) said the Insurance Bill would greatly affect hospitals, especially by the large reduction in out-patients. The efficiency of the out-patients' departments in the detection of pulmonary tuberculosis might then be considerably increased by making each a consultative centre for a definite district.

Dr. Halliday Sutherland (of the Marylebone Dispensary) said the somewhat sensational proposals of the Insurance Bill were totally inefficient so far as the eradication of consumption was concerned. Sanatoria had a curative value, but they left untouched the sources of infection.

Mrs. Howard Marsh described a baby show arranged by the Cambridge branch of the League for Physical Education and Improvement. Three prizes, consisting of Savings Bank books with 3s., 2s., and 1s. to their credit, were given in each of the four sections, for weight, firmness of flesh, thickness of bone, and general well-being. Unsuccessful babies received consolation mugs.

The visitor's help was particularly welcomed by expecting mothers. In many such cases not even the simplest preparations had been made and sanitary conditions were defective.

Professor Osler (Regius Professor of Medicine, Oxford University), delivering an address on Thursday, said that they hoped now to give an answer, satisfactorily, if not fully,

to the exceedingly bitter cry that went up from 500,000 of our brothers and sisters, "What must I do to be saved?" There were two essentials in the treatment of all forms of tuberculosis. The first was early diagnosis; the second, effective control of the individual.

With regard to the sanatorium, Professor Osler remarked that, if anyone had the faintest glimmering doubt of the value of this treatment—if they wanted to feel that the world was getting better—they had only to visit any one of the sanatoria throughout this country.

Dr. Woods Hutchinson (New York) deprecated the building of large and expensive sanatoria, and asked what was the good of erecting institutions to last a century, and a

half when they hoped to exterminate the disease within thirty-five or fifty years.

Speaking at the concluding sittings on Friday, Mr. Waldorf Astor, M. P., said the direct expenditure by friendly societies, poor law institutions, etc., had been put at £3,000,000, equivalent to \$15,000,000.

The annual loss of wages in England and Wales had been estimated at £1,000,000, while the loss of productive power to the nation through the shortening of the lives of wage-earners represented an annual loss of from £9,500,000 to £10,000,000—a total cost, direct and indirect, of about £13,500,000.

There was no danger in contact with a tuberculous patient if the patient took proper precautions.

Denver Medical Times and Utah Medical Journal

VOLUME XXXI

NOVEMBER, 1911

NUMBER 5

A PLAN FOR UNITING THE MEDICAL PROFESSION IN AN EFFORT TO MAINTAIN THE HIGHEST POSSIBLE STANDARD OF ETHICS.

I. B. PERKINS, M.D.,

Denver, Colo.

That commercialism in a small way, in various forms, has crept into the medical profession, cannot be denied by anyone who is informed on the subject. And if anyone should plead ignorance of its existence, he must admit that he is not a very careful reader of either the medical journals, or the public press.

In admitting the existence of this evil it is not my purpose, at this time, to discuss it in its different forms, or to attempt to trace out its family tree, or to try to place the blame for its existence on any person, or on any community. It appears to be practiced in about the same forms, and, to about the same extent, all over the country, and neither the East nor the West, the North nor the South appears to be able to furnish an exception.

In conversation with surgeons and medical men of renown, who reside in our great medical centers, as well as with those who are not so well known, and who reside in our towns and smaller cities, I have learned that the same problems confront them in their localities, that we are having to deal with here in Denver, and in the West, and that not infrequently one is puzzled to know just what he should do when certain phases of the question confront him.

General practitioners and specialists alike detest the grafter and his methods, but fortunately for us all, his class forms a very small minority when the whole profession is taken into account.

The general practitioner, who is a tower of strength in his community, and who is known to stand for everything that is high and noble, who could not be induced to betray a trust imposed in him by his patients, and who is earnestly working for a "Square Deal," and whose life of unselfish devotion to suffering humanity would put many of us specialists to shame, is still more numerous than some of the profession would appear to think. Also surgeons and specialists are plentiful in every city, who lose sight of any financial gain to come from a given case and who devote themselves honestly and earnestly to the scientific needs of the patient, following strictly the Golden Rule, and when their work is finished, are content to receive a small fee or even nothing if the patient's circumstances are such that he cannot afford to pay the usual fee.

I have an abiding faith in the honor of the medical profession, and in its ability to justly and amicably settle this as well as all other questions that may arise within its ranks, or that may concern it. As a class medical men are optimistic and altruistic and, I believe, maintain a higher ethical standard than any other class of professional or business men.

I also believe that the average standard of the general practitioner is fully as high, if not higher than that of the specialist, for the specialist seeks out the work that is most pleasing and remunerative to himself, and expects

the general man to supply the material for his work, while the general man answers every call of distress and endures hardship and inconvenience not known to the specialist in his chosen work, and this usually without a murmur, and often without adequate remuneration.

The thing that confronts us, is the situation as it exists here, with us, and we must meet it like men and deal with it in a manner becoming a noble and altruistic profession. This must be done by working together, and not by criticising each other. No plan, that I know of, suggested heretofore, appears to have met the needs of the case.

The environment and necessary differences in thought and practice of the specialist and general practitioner, and also that of the man with abundant income and the one with a scant living, make it difficult, if not impossible, for all to take the same view of the situation. This then makes it necessary for the entire profession to join hands in an effort to arrive at a correct decision as to what is or is not ethical. And then when an agreed standard has been established all should work together for its maintenance.

We should have at least some general standard that is agreed upon by the majority of the profession, and then we should live up to that standard. Each individual and each local or special society can make his or its own standard as much higher than this as is desired, and by earnest and wise effort on the part of high standard men, the general standard can gradually be brought higher. No law can be made effectual unless a majority of those directly affected by that law are in sympathy with it and will aid in its enforcement. We must decide this question among ourselves for the general public have made few demands, or even inquiries in regard to our ethical problems, that were not prompted by some member of the profession. Un-

less this question can be handled in some such way as this, I fear that the problem is still very far from solution.

There are many reasons, in the mind of the writer, why the best, and perhaps the only way, to handle this question successfully, is to organize societies, whose object shall be to educate its members along ethical lines and to establish and maintain the highest possible standard of ethics.

In our societies that now exist, almost our entire time is taken up in the discussion of scientific subjects, while the question of ethics rarely gets more consideration than the passage of some resolution, for which, in order to get it out of the way, saint and sinner alike, will vote, and which applies at best to only some one particular evil, or case, that has in some way been forcibly impressed upon the mind of the one offering the resolution and which after having been passed has no adequate method of enforcement. Also a man may be ethical, as regards the business side of the profession, but may not be eligible to membership from a scientific standpoint. Or he may refuse to apply for membership, in order that the society may not have jurisdiction over him. Or he may be a man who is eligible to, and desirous of membership, but may, through some misfortune, be having a struggle for existence, and the fees and dues now charged in these societies may prove a barrier. Others, who are as ethical in their practices as we are, may be debared from membership because of their affiliations with other schools of medicine, hospitals and societies from which they may not desire to sever their connection. All of these objections, and more, I believe, will be overcome by a plan which I wish to propose, and which can easily and quickly be put into operation and which if co-operated in by the profession will do much, in my opinion, toward solving some of our perplexing problems.

The essential features of the plan are briefly as follows: Organize societies for the purpose of dealing with ethical questions only. Ours would be The Colorado Medical Ethics Society, whose object would be to educate the profession, and in some instances, perhaps, the public as well, along ethical lines. Also to discuss any and all questions of ethics and to decide by vote what is or is not ethical, and to make such by laws as may be agreed upon, for the purpose of governing the actions of its members, and in all ways to work for the maintenance of the highest possible ethical standard.

In order to quickly organize this society with good men, admit all members of the Colorado State Medical Society and the Homeopathic State Society at once and without ballot on payment of a small fee, just enough to take care of the correspondence and other small expenses, incident to organization. Then after organization with the members of these societies has been completed (and this can largely be done by correspondence), admit to membership all registered physicians in the state (this by ballot or otherwise as is thought best). And then publish a list of all the members of the Medical Ethics Society, giving the address of each, so that the public may know who are members, in every locality. Also publish the by-laws of the society, and at the same time there could be published a list of all the registered physicians in the state if desired. Drop from membership anyone who fails to live up to the by-laws and publish his name as having been dropped. A by-law can provide for this. The by-laws can be arranged so that each may have a fair trial and each would have the right of appeal, or other privilege as would be provided for in the by-laws of the society. Evidence can be taken under oath if thought best. The plan contemplates the formation of State, County

and National Societies, on similar lines of organization to our present County, State and National Societies, and the publishing of our virtues instead of our faults. In other words make public the law, and the names of those who are keeping it. It will be necessary to organize the State Society first, and after that the County, and later the National, as it would require a long time, and incur a heavy expense to organize the County Societies first. Each state can organize at once, by calling a meeting for that purpose. The call for the meeting should be sent to every member of the present State Society, and after organization of the State Ethics Society, the members would go back to their several localities, and form their County Societies, and get all the other ethical men in their vicinity to join them. After each state has been thus organized, the delegates from all the State Ethics Societies would meet and organize the National Society. The meetings of the Ethics Societies, especially those of the State and National, should always be held at the time and place of the meeting of our Scientific Societies. This would insure the best attendance, and the closest co-operation. The Ethics Society would not require more time than an evening or part of a day, and this could be arranged so as not to interfere with the work of the scientific body. The full plan can easily be worked out by a committee on organization and by the society when organized, and I would advise the appointment of such a committee by this society at this time to proceed with the new organization, with the full sanction and co-operation of this society. At first it would not be possible to make a by-law that would be as strict as many would desire, but by education on these lines, the average standard could be brought constantly nearer to the ideal. Our labors will not be in vain, if at first, no more stringent a law on the "fee question" could be enacted than that

the names of all persons participating in a given bill should appear on the bill or receipt, and that the patient should be entitled to know, if he so desired, the amount each received. We must be willing to counsel with all who are concerned in this matter and should gladly concede to the majority the right to rule. And when we are investigating our neighbor we should use a strong lens in our search for his virtues and look at his faults with the naked eye. And at the same time we should reverse this procedure when we investigate our own conduct and our own motives. We, too often, carry into our investigation of others our prejudices and our preferences, and really go into the case with a diagnosis

already made which requires overwhelming proof to reverse.

I hope this society will take hold of this matter to the extent of appointing a committee to proceed with the call for an organization meeting, at which the merits of this proposition may be discussed and amended to suit the ideas of the majority. I do not offer this plan as a panacea for all our ethical ills, nor for the purpose of reforming the dishonest. But I believe these questions can best be handled in societies where nothing but ethical questions will be discussed. And I believe that the time has come when some definite action should be taken and that most, —if not all, the thinking ethical men of the profession, will be in sympathy with some such move as this.

A NEW DEPARTURE IN THE TREATMENT OF TUBERCULOSIS.

WM. C. K. BERLIN, M.D.,
Denver, Colo.

For a number of years men who make a specialty of pulmonary diseases have pinned their faith on immunizing agencies, excepting climate, hygiene and dietetics, for the ultimate cure of tuberculosis. While these agents are of great value and proven superior to all other measures directed against tuberculosis in experienced hands, yet we have all looked forward to more efficiency and rapidity in giving relief to those suffering from this dreadful and intractable disease, and especially in the latter stages.

New means have come into use from time to time, only to be discarded after a fair trial, such as the mercury intramuscular injections, the antiseptic injections directly into the pleural cavity and the lung itself. Lately citrate of iron and cacodylate of sodium are being used to reinforce vaccine and tuberculin therapy. Immunizing agents have been used in different ways, some

subdermal, some intraperitoneal, some intrapleural, and some intravenous, and lastly, some by the stomach route, all methods having their different advocates. New preparations have come into the field, such as dioradin or radio-active iodine, to be administered intra-muscularly, supported by the old country contingent, who would have us pin our faith to this product without our own clinical evidence first. Endotin, or tuberculin purum, seems to have come to us with clinical evidence of its worth. All these measures may be an advance in tubercular therapeutics, yet we feel that something is lacking in our armamentarium in combating this disease.

I wish to speak now of what seems to me to be a logical procedure for treating this disease, without detracting from other methods. Following the reports of the seemingly phenomenal results of the intravenous method of

administering drugs, I took the treatment under advisement and gave it a great deal of study and trial, and came to the conclusion that the intravenous had great merit. Following the formulas of others as nearly as possible, and finding some objectionable features in nearly all of them, I worked out a formula after much work and study which has seemed, so far, to be superior to any I have used. In this formula I included a drug for which I claim priority, as I have never found a report of its use in the blood stream. The solution contains salicylic acid, creosote, guaiacol and iodine, together with isotonic diluents, the compound of iodine used being a true haloid salt. The use of iodine in this manner is original so far as I know at this time. I have succeeded so far in using about four grains of the iodine radical. The solution is alkaline in reaction and does not exceed in specific gravity that of the blood, even in anemic or debilitated patients. The quantity given at one time is 10 c.c.

The Rationale.—Among the greatest authorities the opinion prevails that if we can get a strong antiseptic or germicide in contact with tubercular processes and foci, the growth of tubercle bacilli could be inhibited and they even killed. Many ways have been devised to bring this about, one by injecting directly into the lung substance, another by inhalation, but this was necessarily ineffective, on account of the residual air remaining in the vesicles, and which had a tendency to dilute the antiseptic. Other antiseptics were administered by mouth, in the hope that they might find their way to the lung in sufficient strength to do the work expected. Now comes what seems to be the most rational route to gain this end. It is unnecessary to go over the structure, anatomy or physiology of the lung here. Suffice it to say that thousands of air cells are surrounded by small capillaries, which

also invade the intervesicular lung tissue. How can one imagine a more direct application of such a solution than by injecting it into a vein, say the median basilic at the elbow, which, of necessity, carries it directly to the right side of the heart, then directly to the lungs, through the pulmonary artery, where every portion is bathed by the venous blood carrying the antiseptic solution? As the tissues around the air vesicle and the intervesicular tissue are the ones usually affected with tuberculous foci, then this must be an absolute application of the antiseptic.

Creosote and guaiacol have about the same therapeutic action. Creosote has some active principles not found in guaiacol; one of these is its anaesthetic properties, which accounts for its almost immediate action on pain and soreness in the chest. Using both drugs allows a greater range in dosage and therapeutic action, with a minimum of irritation. Both drugs are highly germicidal, stimulating and expectorant, and both have some oxidizing action at the point of elimination in the lungs.

Iodine enjoys the reputation of being the most potent germicide and antiseptic we have—some authorities say about five times that of bichloride of mercury. In its action it would seem especially potent against the tubercle bacillus, as many investigators believe that its great resistance to germicides and antiseptics is due to the envelope or coating of fat that surrounds it. This fat, no doubt, being an organic fat and not mineral, iodine has a powerful affinity for it; thus being able to penetrate this coating, as it were, and thereby allowing its germicidal action. Its physiologic action as an absorbent is well known, as also is its great power for stimulating healthy cell growth.

Results.—So far the results have been exceedingly interesting. This being a preliminary report, I was not prepared to go into findings such as blood

pressure, haemoglobin tests, or differential count of the blood, after being on this treatment, yet the staining of the sputum for the tubercle bacillus shows a change, inasmuch as it seems to take the stain badly after two or three treatments: this is shown by an almost transparent condition of some of the bacilli, and others show a degeneration by showing a part of their body keeping intact while the other portion became disintegrated and would stain as granules. At this time I would not say that there was any decrease in numbers, but I am quite sure of the change in the character of its taking stains.

I can do no better at this time, possibly, than to follow gross results obtained in one patient through a course of twenty-four days. About ten patients have had the solution administered to them with generally similar results.

Mrs. P.; age, 24 years; married; fairly well nourished, with a weight of 105 lbs. Has a positive family history and is in the purulent or third stage of the disease, with quite extensive lung tissue involvement. Cough and free expectoration in the mornings, and not so severe through the day. Afternoon temperature and semi-invalided, being in bed about a fourth of her time in excess of the regular sleeping hours. Aching lungs and decreased breathing capacity. I will defer detailed physical signs for a future report.

After establishing thorough asepsis, the needle was inserted into the median at the elbow and the solution slowly injected. Before the quantity had been half expelled from the syringe, the patient experienced the sensation and taste of having her mouth flooded with medicine and the creosote contents gave the characteristic odor in the exhaled air. After completing the operation she was asked to take a full breath, and in doing so was startled to find that she could breathe in her

stomach, as she called it, not being able to do this for the past two years. The same evening the "lung ache" had disappeared and she was able to throw her chest out and her shoulders back without causing pain, which was unusual. Next day she had a ravenous appetite, and this has continued up to this time, as also has her relief in breathing and the tight feeling in the chest. In twenty-four days the patient has gained three pounds in weight, the cough has quieted, and expectoration diminished.

I shall add to this solution purified tuberculin, in order to maintain immunity and prevent relapses, if possible, I believe the same treatment will prove to be efficient in the mixed infection tubercular cases, and since it seems not to be dangerous to use iodine in the blood stream, we may look forward to many other uses such as the treatment of pneumonia, bronchitis and the bronchial asthmas without edema, syphilis and many other infectious diseases.

On account of its alkaline action in the blood, I have administered the solution to a diabetic of two years' standing, in whom the sugar disappeared from the urine after the second injection, and has not reappeared, excepting once, to decolorize Fehling's solution. This was about three months ago.

The phenol group has been recovered in the urine, by qualitative tests. Free iodine has not been recovered as such. I could find no evidence of renal irritation after the treatments. Urine carrying indican before treatment was free from it after the treatment. Intestinal fermentation due to toxemias of the infected lungs seems to have been readily allayed.

I hope to make a full clinical report when enough time has elapsed to show the permanency of these results. I wish to thank Dr. E. C. Hill and Mr. F. W. Nitardy, chemist for the Scholtz Drug Co., for valuable suggestions and aid in making up this formula.

Dr. W. C. K. Berlin,
201 Symes Building, City.

Dear Doctor:

On testing a bottle of solution No. 3,408 today, I find it free from any trace of free iodine, although it has darkened considerably.

I also find that free iodine added to the solution disappears almost instant-

ly, combining with the free alkali present. I would judge from this that the solution is absolutely stable so far as the liberation of free iodine is concerned. Yours very truly,

THE SCHOLTZ DRUG COMPANY
LABORATORY.

By F. W. Nitardy.

THE OPEN OPERATIVE TREATMENT OF FRACTURES OF THE PATELLA.

AIME PAUL HEINECK, M.D.,

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(Continued from October Journal)

Atrophy of the Quadriceps Femoris Muscle.

This atrophy is due, partly to disuse, partly to extravasation of blood in the substance of the muscle, partly to associated injury to the muscle and to its contained nerve filaments. By the aid of the open operation, all blood extravasates can be removed, fascial tears can be sutured.

The patients regain the use of their limbs in a comparatively short period of time; the period of immobilization is markedly shortened. Active use prevents and overcomes atrophy attendant upon disuse. It is said that "an ounce of voluntary exercise is worth a ton of massage in the treatment of muscle atrophy." The early removal of all extravasated blood, liquid or clotted, from the articular cavity and from the peri-articular tissues, limits the liability to the formation of adhesions, intra- and extra-articular in nature.

By the employment of the open operative method, all the above mentioned obstacles to restoration of functional integrity can be more rapidly, more effectually overcome than by resorting to non-operative treatment, separate or combined. The open method makes possible the removal from the joint cavity

of detached bony fragments; it enables the operator to absolutely prevent the union of the fragments in a faulty position, that is, in a position mechanically interfering with the proper function of the joint; the tendency to adhesion of the upper patellar fragment to the femoral condyles is lessened. Increase in the dimensions of the patella following the open operative treatment is a rarity. Any increase in the dimensions of the patella is very liable to interfere with the adaptability of the patellar and femoral articular surfaces.

Is operation at times contra-indicated? If so, when?

Under what conditions is the open operative treatment of doubtful propriety or not indicated?

In formulating indications and contra-indications for the open operative treatment of fractures of the patella, we give only slight consideration to age, sex and occupation. Individuals of either sex, at all periods of life and in all walks of society, need a good patella. However, in this, as in all other operations, the state of the tissues and of the viscera must not be ignored. Such anatomical and physiological deterioration of the tissues may be present, as to compel us to regretfully substitute inferior therapeutic measures to

operations of election. The facts can be stated to the patient and he can select between functional integrity and functional disability. We do not advise the open operation:

1. In fractures of the patella that occur in a diabetic patient. The tissues of diabetics offer very little resistance to infection. They are tissues of impaired regenerative power. Nevertheless, an absolutely bad prognosis need not be given in these cases.

2. In fractures of the patella, occurring in patients having advanced tubercular disease or suffering from well developed cardiac, renal or hepatic disease.

3. In closed longitudinal fractures, with no displacement or with but slight lateral displacement. In fractures of this type, recovery almost invariably follows the combined use of such measures as massage, immobilization, full extension of leg on thigh, co-aptation of the fragments by retentive apparatus.

4. Fractures of the patella in which the separation of the patellar fragments is so slight as to be barely detectable, do not call for the open operative treatment. The same applies to fractures in which the injuries to the accessory patellar ligaments are unimportant.

5. Do not operate on patients who prefer to pass their lives partly disabled rather than to run the minimal dangers of an operation.

If operation is not always indicated, when is it indicated?

The popularity of the open methods is increasing. In careful and skillful hands, the dangers formerly incident to their employment can now be said to be non-existent. Kocher himself has become an earnest advocate of the open operative treatment. In von Bergmann's clinic, it is regarded since 1893 as the routine treatment for transverse fractures of the patella.

With increasing familiarity with the

successive steps of the operation and a better appreciation of a judiciously carried out after-treatment, the results attending its employment are becoming more and more satisfactory.

For this very important addition to our surgical resources we are chiefly indebted to Lord Lister. Lucas-Championiere, one of the pioneers and also one of the most enthusiastic advocates of the open operative treatment for fractures of the patella, states that the first antiseptic operation of patellar suturing was performed by Cameron of Glasgow, in 1877. Lister reported his first case in 1877. In 1883 he reported six more cases and then showed clearly that this new method of treatment was followed by perfect recovery, while previous to that time the condition had been looked upon as being, of necessity, followed by lameness. The adoption of this form of treatment, among German-speaking surgeons, is largely due to the efforts of Hackenbruch, Trendelenburg and Koenig. Trendelenburg performed the first open operation in Germany in 1878. Among the French speaking surgeons: Chaput, Berger, Lejars, Mayer, Lambotte, Vallas, are some of the ardent and most prominent supporters of the open operative treatment.

It was Berger who introduced cerclage.

It is our belief that, after ample preparation of the patient and of the operative field, the open operative treatment is positively indicated:

1. In all fresh fractures of the patella in the absence of contra-indications:

a. If the surroundings are favorable:

1. An aseptic operating room.

2. Skilled surgeon, and assistants having "an aseptic conscience."

3. Dependable suture material, rubber gloves, etc.

b. If the patient is in the best possible condition.

c. If the fracture be of such a nature that a disabling defect is to be expected if one resorts to non-operative treatment.

d. When the bony fragments cannot be returned exactly by manipulation to their normal position and retained therein by retentive apparatus.

2. In all compound fractures.

3. In all cases associated with considerable intra-articular effusion. The separation and tilting of the fragments is partly produced and partly maintained by the intra-articular effusion, be the latter hemorrhagic or inflammatory in nature.

4. In all cases associated with marked laceration of the peri-articular tissues (ailérons, reserve extensor apparatus). After fractures of the patella, a great distention of the joint capsule is suggestive of noticeable peri-articular lacerations.

5. In all cases in which the interfragmentary space or diastasis has at any time exceeded 3 cm. This extent of separation cannot occur without laceration of the accessory patellar ligaments, without rupture of the overlying fibro-periosteal tissues.

6. In such fractures as are very liable to cause serious functional joint impairment; among such may be cited, cases in which bony fragments have escaped in the articular cavity; cases in which lower or upper fragments or both are completely inverted, or other such anomalous cases.

7. In all fractures of the patella occurring in individuals upon whom at one time or other a leg or thigh amputation of the opposite limb has been performed. To such individuals complete integrity of function in the remaining limb is of the highest importance.

8. In all fractures of the patella occurring in individuals having some permanent functional impairment of the opposite knee.

9. In all individuals, who, having

sustained a partial amputation of the leg, can for flexion and extension of an artificial limb derive benefit from the preservation of the integrity of the extensor apparatus of the leg.

10. In all bilateral fractures of the patella, be they of simultaneous or of successive occurrence. In bilateral patellar fractures, it is reasonable to assume some risk in an attempt to transform an almost certainly dependent individual into a self-supporting one.

11. In all refractures, in the absence of contra-indications.

12. In old fractures of the patella, associated with marked impairment of function, if the functional loss be dependent, wholly or partly, upon one or more of the following factors:

a. Long fibrous union.

b. Union in a faulty position, in a position that mechanically interferes with the proper function of the joint.

c. Absolute non-union.

d. Ankylosis of the upper patellar fragment to the femur.

e. Extensive non-repaired lacerations of the aponeurotic capsular and other fibrous tissues. These lacerations hinder restoration of function, increase the fragmentary diastasis. The patella is only a part of the extensor apparatus of the leg; an important part, we admit, but not the sole part.

f. In all cases in which non-operative treatment has been followed by unsatisfactory results. In operating on old fractures of the patella it is imperative previous to the apposition of the fragments, that the fractured surfaces either be freshened or that a thin slice of bone be sawn off from each of the surfaces.

In old, as well as in all other fractures of the patella, we must in addition to repairing the tears in the soft tissues, endeavor to obtain osseous union of the fractured bone. This desideratum can be effected only by securing an exact, an accurate apposition of the freshened fractured surfaces.

Consequent to the fracture and to the disability which it entails, there develops a retraction and an atrophy of the quadriceps extensor femoris. This muscular contraction, this muscular atrophy, is the most important cause of the great difficulty, a difficulty at times almost insurmountable, which we encounter in our endeavors to approximate, to appose, to reunite the bony fragments. As easy as is the primary suture of a fractured patella, just as difficult can be the suture of an old fracture of the patella. It is convenient from the operative standpoint to classify old fractures of the patella into:

a. Those in which the fragments can be approximated with but little difficulty.

b. Those in which owing to the co-existing atrophy and unusual retraction of the quadriceps extensor femoris muscle, the approximation or rather the exact apposition of the fragments is a difficult feat to accomplish.

In cases in which the fragments can be approximated with but little difficulty, the operation will differ from that performed in recent fractures only by requiring two additional steps:

a. The resection of the interfragmentary fibrous callus.

b. The freshening of the fractured surfaces.

It is essential that the interfragmentary gap be overcome. To approximate the fractured surfaces pre-operative massage, position and traction, at times suffice. Z-shaped incisions for lengthening of the quadriceps may have to be performed. If these measures fail to secure the relaxation, the lengthening of the quadriceps necessary to obliterate the interfragmentary gap, a plastic operation is indicated.

Which is the most universally applicable of the three main types of operation that are now in vogue for the treatment of fractured patellae.

The results obtained by the employ-

ment of any of these three dissimilar operations, osseous suture, cerclage, suture des ailerons, have been, when the operation was performed by competent hands so gratifying, that it is embarrassing to suggest that one of them be abandoned. With each of these different methods, excellent functional and anatomical recoveries have been obtained. Osseous suture has given satisfactory results. Cerclage has secured excellent recoveries. As to the third method, it has been truthfully said: "In fractured patellae, absolutely perfect results from the standpoint of contour, solidity and function have been obtained, in a relatively short period, in cases in which all suturing was limited to the prepatellar and parapatellar fibrous tissues (Peyrot)." whichever method be employed, the repair of the soft parts is all important. The importance of this step is emphasized by most of the advocates of osseous suturing.

In recent fractures of the patella, I have abandoned osseous suturing. I have not yet seen a case of old fracture of this bone, in which I felt that a good result could not be obtained without the employment of osseous suturing.

To my mind, osseous suturing, as a method of treatment for fractures of this bone, has the following shortcomings:

a. It calls for special instruments.

b. The perforating instrument may break and the broken portion remain embedded in the patella.

c. It is a procedure not universally applicable:

1. It is unsuited to the treatment of comminuted fractures.

2. It cannot be used to advantage, in cases in which there is great inequality in the size of the fragments; one very large and one very small fragment. The lower or upper fragment may be that small as to afford only an insufficient hold to the sutures. In cases of this description, many of the

advocates of osseous suture resort to Quenu's hemi-cerclage operation. In this operation, hemi-cerclage, the larger fragment is perforated transversely and the binding ligature is passed through this perforation and either through the ligamentus patellae or through the quadriceps extensor femoris, through the latter if the lower patellae fragment be perforated; through the former if the upper patellar fragment be the one perforated. Longitudinal suturing of the fragments, frequently, owing to the unequal volume of the fragments or to their multiplicity proves to be a very difficult operation.

d. In cases of abnormally friable fractured patella, attempts to perforate the fragments may provoke further splintering of the same. The slow elimination of splintered fragments prolongs convalescence, retards recovery.

e. In cases of secondary operation, the fragments may have become so atrophic that they are incapable of holding the sutures.

f. The proper boring in the patella, from before backwards, of channels for the introduction of the sutures, demands experience. At times, it is difficult of execution. The perforation of the bony fragments always complicates and always lengthens the operative procedure.

g. It is needless. It adds injury to injury. Equally good if not better results are obtained by less difficult and less laborious methods.

Open circumferential looping was introduced by Berger of Paris. It is employed by the advocates of osseous suture of fractured patella. In cases:

1. In which one of the fragments is too small to admit of perforation previous to the introduction of the silver wire, steel wire, or other employed suture material.

2. In which one of the fragments is too small to be directly sutured to the larger fragments.

3. In fractures with many fragments or with comminution.

4. In cases of abnormal friability of the patella.

It has been and is still extensively employed in the treatment of fractured patellae, as:

a. A supplementary measure to osseous suture.

b. As a preliminary, or as a supplementary, measure to suture of the prepatellar and parapatellar tissues. By many, it is employed as the only operative step in the treatment of fractures of the patella.

The advantages of circumferential looping or cerclage are:

a. That its employment inflicts no additional traumatism upon the periosteal and osseous tissues. The osseous and cartilaginous surface are uninjured by the passing of the circumferential ligature. It respects the skeleton.

b. That the ligature material, which loops the patella, is totally extra-articular. It is introduced and embedded in the peripatellar tissues. Should a metallic ligature, such as silver wire, be used and its presence subsequently cause real or imaginary disturbances, the removal of the real or supposed offending agent can easily be effected without opening the articulation. It respects the articulation.

c. The method is of easy and of rapid execution. The maneuvers incident to its introduction are extra-articular. It can be used as a preliminary or as a supplementary step to any of the various open operative methods in vogue. It no doubt contributes to the exact coaptation of the bony fragments. As far as it goes, this procedure (cerclage) is safe, logical and serviceable. No special instruments are required for its performance. To our eyes, circumferential looping as a method of treatment, has the shortcoming of insufficiency. We use cerclage as a preliminary, or as a supplementary measure to

suture of the prepatellar and parapatellar tissues.

Study of the literature of the subject, surgical experience and clinical observation have led me to consider that the following are the most universally applicable operative steps to be conjointly employed in the treatment of such fractures of the patella as demand operative intervention :

1. The torn prepatellar fibro-periosteal sutures must be carefully sutured. E. Wyllis Andrews, instead of uniting these torn prepatellar tissues end to end, sutures them in such a way that they overlap one another, that is, they are imbricated one within the other, "shingled as it were."

2. All tears in the parapatellar tissues must be sewed up. It is imperative that all capsular rents be carefully repaired.

3. To contribute to the maintenance in apposition of the fragments, the patella is circumferentially looped by a ligature passed close to its periphery. This ligature is passed so as to be close to the periphery of the bone, so as to hug it as it were. It is inserted in such a way that it lies embedded in the substance of both quadriceps tendon and ligamentum patellae midway between their anterior and posterior surfaces. If deemed necessary, two such looping ligatures may be used. These different maneuvers are all extra-articular. In some comminuted fractures in which the interfragmentary diastasis was slight and in which the prepatellar tissues were practically untorn, I have often united the operative procedure to looping the patellar fragments and to fortifying the prepatellar tissues with a few V-shaped Kangaroo-tendon-sutures, not exposing the articular surfaces to inspection.

Should one, if he be an advocate of the open operative treatment, operate on the day, or on the morrow, of the infliction of the injury, or should he wait until the soft tissues have somewhat

recovered from the immediate effects of the traumatism?

In all compound fractures of the patella, the time allowed to elapse between the injury and the operative intervention, should be the shortest consistent with the modern surgical preparation of the operative field.

In compound fractures of the patella, our practice is to have the patient conveyed at once to a well equipped hospital. Operation is performed soon after admission to the hospital.

The wisdom of operating immediately in compound fractures is, I believe, unquestioned. It is only in simple or subcutaneous fractures that there is great divergence of opinion among surgeons as to the elective time of operation; not only that, but many individual operators do not, as to the time-interval between injury and operation, observe a uniform practice. In subcutaneous fractures, ample time should always be taken for the preparation of the patient and of the surroundings for operation. It has been our practice in fresh subcutaneous fractures of the patella, to defer operation for from three to five days after the injury, being guided somewhat by the patient's general condition and also by the evidences of local trauma. The congestion and inflammatory exudate consecutive to the injury have usually by this time begun to retrogress. Our results having been satisfactory, we are averse to change.

The time interval between the day of injury and the day of operation enables the surgeon to become better acquainted with the patient's general condition, to better familiarize himself with the type of fracture which confronts him, and to better asepticize his operative field. Owing to the wrinkled, thickened nature of the skin of the front of the knee, its surgical purification presents some difficulty.

Should the operative field be rendered bloodless by the employment of

an Esmarch bandage? What should be the nature of the anaesthetic employed? Local, lumbar or general anaesthesia?

As a prophylactic measure against hemorrhage, or as an aid to secure a bloodless operative field, it is rare for surgeons to make use of the Esmarch bandage, or band, in their operations for fractured patellae. Its general non-use is evidence enough that clinicians do not consider it of any great assistance in these cases. The Esmarch band, applied according to the ordinary rule, interferes, while in position, with the normal elasticity of individual muscles and of muscle groups, may hinder the bringing down of the extensor muscles to the thigh, and consequently render difficult the approximation of the patellar fragments. The oozing into the articulation and tissues, that follows its use, is another undesirable feature attending its employment. We know of no valid reason for its preliminary use in operations for fractured patellae.

In Chicago, in operations of this nature, in the absence of contraindications, we almost invariably use general anaesthesia. General anaesthesia enables the operator to more thoroughly protect the patient from pain, to better guard against accidental septic contamination, to secure a more complete muscular relaxation, to proceed more deliberately, to modify his procedure so as to better adopt it to the needs of the case at hand.

Perusal of the literature shows that in these operations the employment of general anaesthesia is in accord with the practice of European and American surgical centers.

By what type of incision is the operator best enabled to perform the repair work which he deems appropriate and necessary?

Large, methodically carried out incisions are infinitely less dangerous than small openings. The latter fail to fully expose the operative field, do

not enable the operator to satisfactorily cleanse the joint and do not facilitate the careful repair of the lateral capsular and aponeurotic tears.

The single median vertical incision, unless it is made very long, does not admit of easy manipulation of the fragments. The freshening of the old cicatrized surfaces on both the upper and lower fragments either with saw or chisel, is not easily accomplished through it; it does not admit of easy cleansing of the joint. During kneeling, the scar is in the line of pressure, and, therefore, remains tender for an indefinite time. The H-shaped incision has objections. The scar lies directly across the patella.

In operating for fractured patella, I generally employ for the exposure of the parts, a flap having its convexity downwards. The incision commences on a level with the upper margin of the patella, about one inch to one side, from here it passes downwards to a point a little below the apex of the bone, from where it is continued across the limb, and carried to a point corresponding to that from which it started. This incision does not interfere in any way with healing. It is thought that an incision with the convexity downwards, better secures the vitality of the flap than one with the convexity upwards.

These convex incisions afford a good exposure of the parts, facilitate the exposure of intra- and extra-articular exudates and extravasations, give good access to the bony fragments and allow of careful repair of all capsular pre- and parapatellar tears. If drainage of the peri-articular tissues is necessary, it is easily secured. With a longitudinal incision, drainage is somewhat difficult.

Is it advisable in these cases to irrigate the articulation; if so, with what fluid, an antiseptic solution, irritating or nonirritating, or merely a bland, non-irritating cleansing agent, such as

normal salt solution; or is the mere sponging out from the synovial cavity of the extravasated liquid and clotted blood, productive of the most satisfactory results?

Joint irrigation with irritating antiseptics, such as carbolic acid and bichloride of mercury, we condemn. Any agent acting as an irritant upon joint endothelium, lowers its resistance to infection, predisposes it to inflammation. In flushing or irrigations of the joint cavities with normal salt solution, which solution is in itself unobjectionable, we fail to see much value. Of what advantage can it be to water-log the tissues?

In arthrotomy for fractured patellae, we do not irrigate either the joint or the surrounding tissues. All liquid and clotted blood are removed by gauze swabs mounted on artery forceps. The swabbing is done with great care, the object being to minimize the trauma inflicted. Scrupulous care is taken to keep the fingers out of the articular cavity. In formulating our conclusion we repeat that though we are aware that many clinicians, for instance Ranzi, etc., prefer irrigation of the articular cavity to sponging of the articulation, we urge the discarding of joint irrigation and firmly advise dry sponging of the joint. Dry sponging for the removal of liquid and clotted blood from the articular cavity, is in these cases, productive of more satisfactory results. The sub-quadriceptal synovial cul-de-sac is not to be overlooked, and all liquid and clotted blood therein contained, must be removed.

Should non-absorbable or absorbable suture be used? Are there any valid reasons for discarding non-absorbable suture material?

We refer here only to buried or irremovable suture material. If the suture material be so inserted as to be removable, once organic reunion of the divided tissues has taken place, it matters little (owing to the removability

of the suture material), whether absorbable or non-absorbable material be employed.

In fractures of the patella, it is not necessary that the fragments be held together with great firmness. Mere apposition is ample. Forceful tying of metallic sutures to some extent defeats its own purpose, as a suture drawn tight can cause in a bone, as well as in other tissues, a local pressure necrosis and absorption.

We consider it unwise to abandon non-absorbable suture material permanently in the articulation or in the peri-articular tissues, because:

a. Clinical observation has shown that metallic sutures frequently irritate the tissues, lower their vitality, increase chances of infection, and may require subsequent removal. In longitudinal suturing of bone, the twisted ends of the suture being almost immediately subcutaneous, kneeling is painful. To avoid this post-operative annoyance, some operators perform transverse suturing of the patella.

b. Metallic sutures may become loosened, may break, and fragments escape into the articular cavity, by which they are poorly tolerated.

c. The embedding of wire sutures in the patella does not add to the solidity of the patella.

d. Non-absorbable sutures, be they inserted transversely or sagittally, cannot be considered permanent splints.

Von Brunn as a result of his investigations came to the following conclusions:

1. Silver wire has not sufficient resistance to guarantee bony union of the fragments.

2. Even when the fragments are healed together, the wire may break.

3. Parts of the broken wire may wander into the articulation, or into the peri-articular tissues and can excite disturbances at point of lodgment. It has been claimed by Thiem, etc., that metallic sutures suggestively hinder, in

some patients, the cure of the subjective troubles.

Shall completely detached bony fragments be removed? If completely detached bony fragments be present, their removal is one of the essential steps of the operation. It has been repeatedly done, and satisfactory results have ensued. The escape into the articulation of completely detached patellar fragments and their non-removal therefrom, leads to all the functional and anatomical articular disturbances inseparably associated with mobile foreign joint bodies.

Shall the periarticular tissues be drained? In order to allow the escape of excessive wound secretions, many clinicians, Hackenbruch and others, though they did not resort to tube or gauze drainage of the periarticular tissues, always left the ends of the skin incision open. It did not unfavorably influence the ultimate results. In clean cases, subcutaneous drainage is needless. Its employment serves no useful purpose. It retards the healing of the skin wound. Why complicate an operative procedure by a useless step?

Shall the articular cavity be drained? In simple fractures, no. In compound fractures, yes. Articular drainage should be discontinued as soon as the surgeon's fears as to the development of a suppurative arthritis have been dispelled.

The modern tendency is to employ drainage only in the presence of absolute indications; and to discard it, when in doubt, as to its utility in the case at hand. When unneeded, drainage instead of contributing to rapid aseptic healing, has a tendency to act as an irritant. In the etiology of inflammation, irritants are considered predisposing and exciting factors.

What should be the nature and the duration of the post-operative treatment? As yet, the practice of the different operators as to nature and duration of post-operative treatment is

most dissimilar. We proceed as follows: Immediately after the operative procedure and the application of the protective dressing to the wound and while the patient is still anaesthetized, moulded plaster of Paris splint is applied to the injured extremity. This splint should be amply padded, should cover the posterior and lateral surfaces of the limb and should extend from about 10 cm. above the external malleolus to the gluteal fold. The object of this splint is to immobilize the extremity in the position of full extension of the leg on the thigh, and of slight flexion of the thigh on the abdomen. The slight flexion of the thigh on the pelvis has for its purpose the relaxation of the rectus femoris muscle. During the patient's confinement to bed attention must be given to the heel and to the toes. So as to avoid the development of a pressure-sore upon former, the heel should be protected by a doughnut pad or other means. By the use of a "cradle" the toes will not be subjected to the weight of the bed-clothes and talipes decubitus will not ensue. In the absence of a marked elevation of temperature, of intense pain, of saturation of the dressings, the protective gauze dressings on the joint remain undisturbed for from ten to fifteen days, then, if indicated, the removable sutures are ablated. The immobilizing splint is kept in position for about a month.

As to the duration of immobilization, the practice of the various operators is far from being in accord.

The first motions of the patella should be lateral motions. We do not begin flexion of the leg upon the thigh previous to the expiration of one month from the day of the operation. The first attempts at flexion should be cautiously made. With use, the range of motion gradually increases; in many cases, the restoration of joint function is complete. When flexion to a right angle has been recovered, the patient is discharged from further observation.

MEDICAL PROGRESS

Alcohol in Dermal Therapeutics. In reviewing this subject, Gotthell (*Progressive Medicine*) shows that alcohol (50 to 90 per cent) applications are very useful in pruritic inflammatory dermal affections. Bockhart, for example, has for many years treated all his eczema cases (except the most acute) by thoroughly cleansing the affected and surrounding tissue twice a day with cotton dipped in alcohol (90 per cent strength, unless the skin is very sensitive, then more dilute); the excess of fluid, if it does not evaporate, is removed with fresh cotton. Between times the appropriate treatment with powders, salves, etc., is carried on. Even chronic verrucous eczema of the anus yields to careful and frequent alcohol disinfection. For furunculosis of the neck Gotthell has lately recommended 50 per cent alcohol compresses, with gratifying results.


The Acid Nitrate of Mercury Treatment of Skin Cancer. In the fall number of *Progressive Medicine* Gotthell quotes with approval Sherwell's method. Under local or general anesthesia, a very thorough curettage of the affected area is done, using curettes of various sizes having a clean wire edge, though not of razor-like sharpness. Oozing is stopped by pressure with gauze sponges wrung out of very hot water or soaked in adrenalin solution; the Paquelin may be used for any spurs that appear. With anesthesia at its height, the acid nitrate of mercury, full 60 per cent strength, is now thoroughly applied to the surface and every corner of the wound by means of small cotton applicators. The acid is applied two or three or more times, and it is allowed to act for from 5 to 20 minutes. Then it is neutralized, when the wound is dry, by packing powdered sodium bicarbonate up to the level of the surrounding skin. The scab turns black and, when kept dry, as it ought to be, is cast off in the course of two or three weeks. When operating near the eye, this organ is protected by soaking a pledget of cotton in saturated solution of baking soda, squeezing out excess of moisture, moulding the pledget and holding it in firm apposition to the parts to be protected.

Technique of Arsenobenzol Injection. Gotthell (*September Progressive Medicine*) considers the intramuscular injection the best method, since it produces a slower and longer continued action than the rapidly excreted intravenous injection. The following apparatus is required: A covered glass vessel to hold the solution; a stoppered graduated glass vial to make it in; some glass balls to help solution; an all-glass syringe and a fairly large needle at least $1\frac{1}{2}$ inches long; a 4 per cent sodium

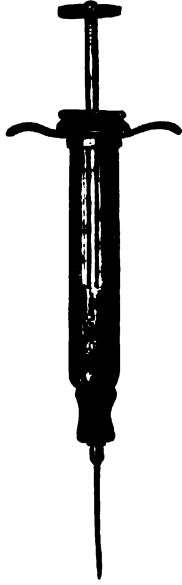
hydroxid solution and a little dilute acetic acid. The powder (arsenobenzol) is dissolved in from 5 to 15 cc. of warm, sterile distilled water with the aid of the glass balls; when entirely dissolved about 2 cc. of the sodium solution is slowly added. A gelatinous mass results, which dissolves entirely upon the addition of a few more drops of sodium solution. Just enough of this latter is used to effect solution; if a little too much has been employed, a drop of the acetic acid must be added. The injection site is selected as follows: Map out the posterior border of the crest of the ilium and the outer border of the erector spinae muscle; one inch above the crest and one inch inside the erector border gives the correct location. The injection should not be given in the office, and should be followed at once by a hypodermic injection of morphin.

Intermittent Lameness. Schlesinger (quoted in *Progressive Medicine*) has observed over 100 cases of this disorder, which he attributes largely to the abuse of tobacco. Disappearance of the symptoms after cessation of smoking occurred repeatedly, and recurrence of symptoms was frequent after smoking was renewed. Syphilis is also an important cause. Intermittent lameness is a symptom of disease of the arteries of the extremities. A vascular bruit or thrill is not rarely heard or felt in the femoral artery.

Crotalin Treatment of Epilepsy. The experience of medical practitioners in the treatment of epilepsy has been generally so unsatisfactory, and the excessive use of bromids is so objectionable, that any new method which promises successful results in a fair proportion of cases is likely to be eagerly tried out. In the *New York Medical Journal* of Sept. 9, Ralph H. Spangler gives a tabulated report of 36 cases of epilepsy treated, during the last two years, by intramuscular injections of crotalin, with improvement in all the cases and apparent cure in a few. He has his druggist prepare a solution in sterile water of the dried, crystal-like scales of the venom of *Crotalus horridus*, preserving with a few drops of trikresol in 1 cc. sterilized ampoules. Each cc. of the solution represents from 1-200 to 1-25 grain of the venom. The injections are given usually in the forearm, varying the site when a good reaction (swelling, erythema, cellulitis) is not obtained. The interval between injections is at first from 5 to 7 days (waiting about 2 days after local reaction subsides), lengthening the interval to 10 days, 2 weeks or more in the most satisfactory cases. The venom treatment is indicated in the so-called idiopathic form of epilepsy.



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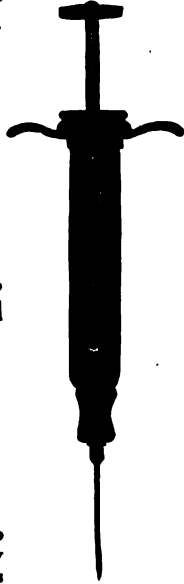
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Subscriptions, \$1.00 per year, in advance.

Single Copies, 20 cents

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632 Metropolitan Building, Denver, Colo.

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WHEN THE DOCTOR IS SICK.

Perhaps it is "only a cold," which would be completely remedied by three days' rest in bed. The very personal and exacting nature of the physician's work, however, tends to make him keep to his daily task as long as he is able. No medicine, nathless, can take the place of needed rest.

The cough can be controlled by a water-glycerin solution of codein and antipyrin; the coryza abated with the common tablets containing atropin, morphin, quinin and camphor; the bowels kept open with calomel, and Seidlitz powder; and the vasomotor system stimulated with quinin and strychnin. But time is required as well as medicines, and for some days the doctor is depressed and miserable, hot yet cold, sleepy in the day time and wakeful at night, doing his work with automatic indifference, and having no joy in life. Indeed, the only things which possess any relish to mind or body are

a glass of cold water and the cool breath of the sky.

Now, if ever, the doctor is liable to be bored. The loquacious man patient can usually be promptly disposed of, but the woman with the terrible tongue, with a face like a hatchet and a voice like a file, may come to consult the physician at length. She often has along with her some relative or friend, to help prolong the conversation. At every simple and harmless question, she rings the alarm for five or ten minutes, till at last the door closes her out, and the doctor draws a long sigh of heartfelt relief. Professional patience is a virtue, and some patients require more than others.

Our patients may feel sorry for their dog when he is sick, but almost never for their doctor. In such event the common salutation is, "Why, I supposed that doctors never got sick!" The diplomatic answer, of course, is to say that we need at times to be ill ourselves in order thoroughly to symp-

athize with our patients. A compensatory feature of an acute ailment, moreover, is the admonitory impression made as to the limitation of one's strength, and the hygienic measures needed to prevent attacks in the future. So out of every evil cometh good.

THE ACTION OF DRUGS UNDER PATHOLOGIC CONDITIONS.

Testing out a drug on healthy animals has never appeared to us a practical or sensible method of determining its value for therapeutic purposes in human beings. Far safer and better would seem the provings on patients themselves, as practiced by our eclectic and homeopathic brethren; though we cannot possibly comprehend the contentions of the latter that diluting a medicine makes it stronger, and shaking it strongly likewise dynamizes it *ad libitum*. We have therefore read with pleasure and interest a pamphlet with the above title, issued from the U. S. Bureau of Chemistry and compiled by William Salant, chief of the pharmacologic laboratory, division of drugs. The resume is based upon recent literature, with a bibliography of 76 articles. We shall give below a few of the most important findings.

Von Plavec and others have pointed out that theobromin has no effect on the heart in health, but markedly increases the activity of the diseased uncompensating organ. A dose of caffeine just large enough to cause a mild stimulating effect in the healthy individual, will increase many times the pulse volume and amplitude in collapse. Frankel and Schwartz, injecting intravenously milligram doses of strophenthin into individuals with normal heart action, failed to notice any circulatory changes or any effect on diuresis. The same doses of the same drug given in cases of valvular disease with failure of compensation well established, were followed by a decrease of frequency

and an increase in the amplitude of the pulse. Eychmueller's observations on digalen were similar in result. Amyl nitrite, according to Rzentkowski, does not cause a fall of blood pressure in health as it does in arteriosclerosis. He believes that in the normal state there is a compensatory constriction of the abdominal vessels, which is lost in arteriosclerosis. In post-hemorrhagic anemia both adrenalin and digitalis lose their customary retarding action upon the pulse.

It has long been known that the synthetic antipyretics have scarcely any effect upon the normal body temperature; indeed, they sometimes cause a slight hyperthermia. In febrile conditions, on the other hand, similar doses cause a distinct reduction of temperature, with accompanying diminution of nitrogen elimination.

Pathologic changes in the body cells have been shown by Ehrlich and others to modify quantitatively (and perhaps qualitatively) the selective action of drugs. For example, the studies of Bondy and Jacoby on the distribution of salicylic acid, have shown that the joints of animals infected with *Staphylococcus aureus* contain larger quantities of the administered acid than those of normal animals similarly treated. After the administration of potassium iodid in health, the blood contains more iodine than any other tissue. According to the findings of Loeb and Michaud, the lungs of tuberculous animals showed from 50 per cent to 150 per cent more iodine than the same organs when free from this disease. The amounts of iodine were also proportional to the extent of the involvement, and varied with the progress of the tuberculous process.

DR. JACKSON HONORED.

The members of the Colorado Ophthalmological Society tendered a complimentary dinner to Dr. Edward

Jackson at the University Club, Denver, on the evening of the 21st of October.

Those present were: Drs. W. C. Bane, D. H. Coover, Walter Hilliard, Edward Jackson, G. F. Libby, David A. Strickler, Chas. E. Walker, John Chase, W. A. Sedwick, E. F. Conant, H. R. Stilwill, E. T. Boyd and E. O. Sisson, Denver; E. R. Neeper, A. C. Magruder and C. M. Hosmer, Colorado Springs; Jas. J. Pattee, Pueblo, and Geo. L. Strader, Cheyenne, Wyoming.

Short addresses were made by Drs. Hilliard, Chase, Neeper and Sedwick, and each member present spoke a few words in regard to Dr. Jackson's achievements in Ophthalmology and the esteem in which he is held by the Ophthalmologists of the United States and abroad, his untiring and painstaking efforts in this branch of medicine and his personal interest and helpfulness in the scientific work of his colleagues.

E. O. S.

PERSONALS

Dr. Charles A. Powers has returned from Europe.

Dr. Fuson of Milliken, Colo., visited Denver last month.

Dr. English of Wray spent a few days in Denver last month.

Dr. G. A. Moleen now sits at the wheel of a new Hudson auto.

Dr. F. B. Stephenson has taken suite 333-334, Majestic Building.

Dr. F. M. McCartney has returned from a hunting trip in North Park.

Dr. P. J. McHugh of Fort Collins has removed to 215 East Oak street.

Dr. and Mrs. H. M. Thompson have returned to Pueblo from the east.

Dr. J. F. Condon of Breckenridge made a flying trip to Denver on Oct. 4.

Dr. H. F. Thulin has returned from a six weeks visit along the Pacific coast.

Dr. C. G. Parsons has moved into his new bungalow, at 1025 Garfield street.

Dr. McGill has resumed practice at Wray, Colo., after a few months absence.

Dr. C. F. Bates and family have removed from Kansas City to Colorado City.

Miss Gail Laughlin has been appointed a member of the State Board of Pardons.

Dr. and Mrs. D. Hopkins are rejoicing over the recent arrival of a daughter.

Dr. and Mrs. Finn, of Loveland, will spend the winter at their old home in Kansas.

Mrs. Louisa J. Black, the loved mother of Dr. Melville Black, died October 19th.

Dr. E. B. Trovillion, of Boulder, has about recovered from his recent severe illness.

Dr. O. H. Bonner has returned to Rocky Ford, after spending the summer in Oregon.

Dr. W. L. Edmundson has returned to Denver from three months' vacation in the East.

Dr. John E. Curtan and Miss Katherine Duffy, of Denver, were married Oct. 11, 1911.

Dr. S. Ringolsky will spend the winter studying internal medicine in London and Berlin.

Dr. George P. Lingenfelter and family have taken up their residence at 300 Marion street.

Dr. Clyde L. Kelly, of Denver, was married October 1st, to Miss Mildred Slocum of Loveland.

Dr. James Stenhouse has removed his office suite from the Barth Block to 524-525 Empire Building.

According to the latest reports, the new pharmacy department of the state university has two students enrolled.

Dr. and Mrs. L. E. Lemen have returned to Denver from their eastern trip. They had a very pleasant time motoring through the New England states.

The following Denver practitioners were in attendance by invitation at the recent meeting of the New Mexico State Medical Society held at Las Vegas: Drs. Simon,

Edson, Lyman and Harrison. About 25 of the 300 members of the association were present at the meeting.

During September, there were only 35 cases of typhoid fever reported in Denver, with one death.

Dr. Aubrey H. Williams spent a few days about the middle of the month hunting ducks near Masters.

Drs. O. S. Fowler and A. J. Markley have been elected honorary members of the Utah State Medical Society.

Dr. C. A. Bundsen did some successful hunting near Kremmling, the first week in October. He saw a deer.

Dr. R. C. Baker will spend the last three weeks of October visiting old home folks in eastern Massachusetts.

Dr. C. O. Eigler is building a brick residence on South Gaylord Street, between Louisiana and Arkansas.

Dr. T. W. Scott, recently of Stafford, Kans., has located at Rocky Ford, officing in the Kimzey-Cover block.

Dr. James Burke, of Morrison, Wis., who formerly practiced in Pueblo, died at his Wisconsin home, October 12th.

Dr. John F. McConnell has returned to Colorado Springs from his fishing trip on the upper Gila in New Mexico.

The State of Wyoming has established a third State Hospital at Casper, the first two being at Rock Springs and Sheridan.

Dr. and Mrs. Charles E. Eliott have returned to Victor, after a pleasant visit in Montreal and other eastern points.

By special request, Dr. O. S. Fowler gave an address upon cystoscopy before the recent meeting of the Utah Medical Society.

Dr. E. S. W. Lawrence, a pioneer dentist of Denver, who began to practice in this city in 1875, died Oct. 12, at the age of 75.

Dr. Carlyle Pollock has returned to Rocky Ford from New London, Conn., where he has been taking a special course in dentistry.

Dr. W. E. Fenton, of Rocky Ford, has traded 270 acres of land near that city for a \$30,000 stock of paper and stationery in Denver.

Adjutant General John Chase attended the meeting of the officers of the National Guard, held in Syracuse the second week of October.

President McGraw, of the Denver County Medical Society, brought in a sheaf of 22

applicants for membership at the meeting of October 3rd.

Dr. Edwin Lewis attended the meeting of the State Republican Committee in Denver, on the occasion of President Taft's visit, October 3rd.

Dr. Charles E. Morse, of Alamosa, came up to Denver in his automobile the first of October, coming by way of Poncha Pass and returning through La Veta.

Dr. A. J. Markley, as the representative of the Colorado State Medical Society, attended the last meeting of the Utah State Medical Society, October 4 and 5.

Dr. William Hutchinson, who has been located at Delagua, Colo., for the past seven years, has been appointed chief surgeon of the Victor Fuel Company for New Mexico.

The Prowers County Medical Association held its regular quarterly meeting in Lamar, on the afternoon of Oct. 3. Dr. James R. Arneill of Denver greatly interested the society by an address upon salvarsan. After the scientific and business session the members were pleasantly entertained by Dr. E. E. Bartelt with a real Dutch lunch.

At the annual election of the Denver Clinical and Pathological Society, October 5th, Dr. H. B. Whitney was chosen president; Dr. E. J. A. Rogers, first vice-president; Dr. C. E. Elder, second vice-president. Secretary Walbrach and Treasurer Tausig were re-elected. The monthly meetings will be held in the Dutch Room of the Brown Palace Hotel.

We learn from the Pueblo Chieftain that Superintendent Busey, of the State Insane Asylum, has had the amusement hall on the grounds fitted up with a new film machine, and will treat the inmates of the asylum to a moving picture show twice a week, using chiefly pictures of travel and scenery. There are now about 550 women and 650 men in the institution.

Dr. J. B. Murphy, president of the American Medical Association, has appointed the following to serve on National committees: Committee on establishment of physicians' sanitarium, Drs. Edw. Jackson and Alex. C. Magruder; committee to investigate the advisability of publishing a small medical journal, Dr. George A. Moleen; committee to Conservation Congress, Dr. Hubert Work.

At the annual election of the Denver Medical Club, October 6th, Dr. I. B. Perkins was chosen president; Dr. Nicholas Wood, first vice-president; Dr. G. K. Olmsted, second vice-president; Dr. Alex Craig, secretary; Dr. C. C. Bell, treasurer; Drs. Durbin, Shafer, Delehanty, Harvey and Hill, board of censors. This society will continue to convene in Dr. Durbin's elegant quarters in the New Tramway Building.

The third of October was typically Coloradoan in its charm and beauty, and was therefore auspicious for the visit to Denver of President Taft, who had a very strenuous day greeting the people of this city and state. President Taft impresses one as being thoroughly American in the best sense of the term; able, sincere, broad-minded and far-seeing. In our humble opinion, his work in behalf of world peace entitles him to rank with Washington, Jefferson and Lincoln.

"A Plan to Unite the Medical Profession in an Effort to Maintain the Highest Possible Standard of Ethics," was the title of a paper read before the Medical Society of the City and County of Denver at the postponed meeting, October 10th. Dr. Perkins' plan consisted essentially in the organization of a society devoted entirely to the study and regulation of the practice of medical ethics, all members of the State Medical Society to be in a manner charter members of said association, which should be further open to the application of any registered physician in the state.

LARIMER COUNTY MEDICAL SOCIETY.

Larimer County Medical Society, special meeting, September 11, 1911, called for the purpose of formulating a program for the ensuing year, met in the Y. M. C. A. Building. Present: Drs. Rew, Morgan, Taylor, Replogle, Dale and Stuver. It was moved by Dale and seconded by Taylor, that the secretary write to Dr. Singer of Pueblo and ask him to name a date when he could meet the physicians of Larimer County. Carried.

The selection of a program was then taken up and the following decided upon, viz.:

October—Diseases of the Prostate Gland, by Dr. Morgan.

Discussed:

(a) Suprapubic Operation, by Dr. Kickland.

(b) Perineal Operation, by Dr. McHugh.

(c) Medicinal and Physiologic Treatment, by Dr. Stuver.

November—Rheumatism, by Dr. Taylor.

December—Abdominal Pain, by Dr. Kickland.

January, 1912—Hemorrhoids, by Dr. Replogle.

February—Annual Balquet, by Dr. McHugh.

March—Diagnosis of Chest Conditions, by Dr. Dale.

April—Constipation, by Dr. Rew.

No other business appearing, the meeting adjourned.

Larimer County Medical Society, special meeting, October 4, 1911, met in the Y. M. C. A. Building. There were present: Drs. Rew, Upson, Dale, Kickland, Taylor, Morgan, Kaupp, Stuver and Replogle. The minutes of the last regular and the two special meetings were read and approved. The following bills were presented, viz.:

Espelein and Warren, for American

Beauties for Dr. Lee's funeral.....\$15.00

Contributed by physicians of Fort

Collins 7.50

.. \$ 7.50

Dutch Kitchen for lunch on Sept. 30th. 3.30

\$10.80

These bills were allowed and ordered paid.

Dr. McHugh reported for the library committee and stated that he had gone to Denver and had been informed by those in charge of the books that they would be shipped at once; but that they had not arrived yet.

The subject of the evening, the Prostate, was then taken up. Dr. Morgan gave a general discussion of the anatomy and physiology of the gland and the symptoms of its principal diseases.

Dr. Kickland discussed the suprapubic operation, illustrating his talk by drawings.

Dr. McHugh discussed the perineal operation, describing the operation as done by the leading operators of the country.

Dr. Stuver first called attention to the medicinal treatment, and spoke of the favorable effect of chromium sulphate that he had noticed in a few cases. He then discussed the use of the X-ray and high frequency currents in the treatment of this disease, pointing out the favorable results

that he had seen and those which have been reported by William Benham Snow and others.

E. STUVER,
Secretary.

Larimer County Medical Society, special meeting, September 30, 1911, met in the Y. M. C. A. Building. There were present: Drs. Taylor, Morgan, Schofield, Dale, Replogle, Rew, Quick, Hoel, Kickland, Sadler, Stuver and Dr. William F. Singer of Pueblo, the guest of the evening.

The meeting was called for the purpose of hearing Dr. Singer, who is State Organizer, Propagandist, Strife Eradicator and General Utility Man for the Colorado State Medical Society. Dr. Singer is a very pleasant and genial man; a veritable dynamo radiating enthusiasm, good cheer and high purposes. He gave us a very interesting, able and practical address on "Efficiency in the Practice of Medicine," in which he especially insisted on the importance of harmony and concerted action on the part of the physicians of every town as well as of the whole state, in promoting the best interests of the profession and the welfare of humanity. The meeting was not large, but it was so pervaded by high purposes, good will and harmony that it cannot help being a strong incentive to larger attendance and better work at society meetings in the future. After the meeting a lunch of oysters and salad was served, and every one went home thankful to Dr. Singer for his visit. May his shadow never grow less, and may we soon have the pleasure of another visit from him.

E. STUVER,
Secretary.

A special meeting, October 16, 1911, was called for the purpose of meeting and hearing Dr. H. W. Plaggemeyer, Dr. Young's assistant in the Johns Hopkins Hospital, Met in the Y. M. C. A. Building. There were present: Drs. Kickland, Rew, Haviland, Winslow, Schofield, Replogle, Taylor, McHugh, Stuver, Dale, Kaupp and Newcome.

Dr. Plaggemeyer spoke on genito-urinary diseases, especially in their surgical aspect. After some general remarks he referred to the great value of phenolsulphonethalein in

diagnosis, and gave the method for testing the functional activity of the kidneys.

The doctor gave a very clear and succinct account of the method pursued in performing perineal prostatectomy in the Johns Hopkins Hospital, and especially insisted on the great importance of immediately establishing drainage of the bladder on the completion of the operation. This prevents the accumulation of clots and much subsequent trouble.

In speaking of psycho-sexual neurasthenia he stated that these patients have a drawn, haggard, washed out expression or appearance and their condition can be diagnosed at sight in many cases. This condition is brought about by irritation of the verumontanum from the accumulation of serum, blood or pus in the sinus pocularis, and can be relieved by aspirating the sinus with a specially designed syringe with a long slender tip. (Syringe can be obtained from Wilms, of Baltimore, for \$2.75). After this aspiration of the sinus inject it with a solution of silver nitrate of from one-half per cent to five per cent strength. This causes severe pain, but after about four injections at intervals of a couple of weeks, a cure is usually obtained. If the opening of the sinus is hard to find, paint the verumontanum with a solution of AgNO₃; this will turn the surface dark, and the red opening of the sinus will show very plainly. Dr. Plaggemeyer is a clear, logical and attractive speaker, and his lecture was very highly appreciated, and we hope that he may visit us again.

E. STUVER,
Secretary.

A PLEA FOR HIGHER MEDICAL EDUCATION AND THE PROTECTION OF THE PUBLIC.

Of all branches of medical practice, it is generally admitted I think, by those who have investigated the subject, that young physicians are least well prepared in Obstetrics and that lack of adequate preparation in this branch is productive of more harm to the community than a deficiency in any other.

The large Maternity hospitals of the country receive every year a number of unfortunate women in childbirth, fatally injured by inadequate or unskillful medical attendance, and the infant is usually de-

stroyed with its mother. These tragedies, therefore, must be comparatively frequent throughout the country.

Our medical schools have recognized of late their defects in material and clinical equipment for teaching this branch and are earnestly endeavoring to remedy them.

The best schools of the country demand of their students personal attendance on a certain number of confinement cases before graduation, although the number is small compared with the requirements of Europe, where forty to fifty cases are required before a candidate is licensed to practice.

A committee of the American Gynecological Society last year recommended that at least six cases should be attended, under supervision, by each undergraduate.

In view of these facts, would you kindly submit to your board (state examining board) the inquiry whether the time has not arrived to act in accord with the practice of the older civilized states of the world in demanding of an applicant for a license to practice medicine, evidence of practical training in Obstetrics?

Very respectfully,

BARTON COOKE HIRST, M. D.

Professor of Obstetrics in the University of Pennsylvania.

A SOUVENIR OF BENJAMIN FRANKLIN.

(The following, copied from a letter in the handwriting of Franklin, in the possession of the Department of State, Washington, D. C., may possibly be of some slight semi-medical interest. It was written at the time Franklin was American ambassador at the court of France.)

To the Royal Academy of Brussels.

Gentlemen:—

I have perused your late mathematical Prize Question, proposed in lieu of one in Natural Philosophy for the ensuing year, viz: Une figure quelconque donnee, on demande d'y inseria le plus grand nombre de fois possible une autrie figure plus petite quelconque, qui est assi donnee. I was glad to find by these following words—"L'Academie a juge que cette decouverte en entendant les bornes de nos connoissances, ne servit pas sans utilite," that you esteem utility an essential point in your Enquiries,

which has not always been the case with all Academies; and I conclude therefore that you have given this question, instead of a philosophical, or as the learned express 't, a physical one, because you could not at this time think of a physical one that promised greater Utility.

Permit me, then, humbly to propose one of that Sort for your consideration, and thro' you, if you approve it, for the Serious Enquiry of learned Physicians, Chemists, etc., of this enlightened age.

It is universally well known, that in digesting our common Food, there is created or produced in the Bowels of Human creatures, a great quantity of Wind.

That the permitting this Air to escape and mix with the Atmosphere is usually offensive to the Company, from the fetid Smell that accompanies it.

That all well-bred People, therefore, to avoid giving such offense, forcibly restrain the Efforts of Nature to discharge that Wind.

That so retained, contrary to Nature, it not only gives frequently great present Pain, but occasions future Diseases, such as habitual Cholics, Ruptures, etc., often destructive of the Constitution, and sometimes of Life itself.

Were it not for the odiously offensive smell accompanying such Escapes, polite people would probably be under no more restraint in discharging such wind in Company than they are in spitting or in blowing their Noses.

My Prize Question, therefore, should be, To discover some Drug, wholesome and not disagreeable, to be mixed with our common Food or Sauces, that shall render the natural discharges of Wind from our Bodies, not only inoffensive but agreeable as Perfumes.

That this is not a chimerical Project and altogether impossible, may appear from these Considerations: That we already have some Knowledge of Means capable of varying that Smell. He that dines on stale Fish, or Putrid Flesh, especially with much addition of Onions, shall be able to afford a stink that no Company can tolerate; while he that has lived for some time on Vegetables only, shall have that Breath so pure as to be insensible to the most delicate Noses, and if he can manage so as to avoid the report, he may anywhere give

vent to his griefs unnoticed. But as there are many to whom an entire vegetable Diet would be inconvenient, and as a little quick Lime thrown into a Jakes will correct the amazing quantity of fetid Air arising from the vast Mass of putrid matter contained in such Places, and render it rather pleasing to the Smell, who knows but that a little Powder of Lime taken in our Food, or perhaps a Glass of Lime Water at Dinner, may have the same effect on the air produced in and issuing from our Bowels? This is worth the Experiment. Certain it is also that we have the power of changing by slight means, the Smell of another Discharge, that of our Water. A few stems of asparagus eaten, shall give our Urine a disagreeable odour; and a Pill of Turpentine no bigger than a Pea, shall bestow on it the pleasing Smell of Violets. And why should it be thought more impossible in Nature, to find means of making a perfume of our Wind than of our Water?

For the encouragement of our Enquiry, from the immortal Honour to be reasonably expected by the inventor, let it be considered, of how small Importance to Mankind, or to how small a Part of Mankind have been useful, those Discoveries in Science that heretofore have made Philosophers so famous. Are there twenty Men in Europe at this Day, the happier or even the easier for any knowledge they have pick'd out of Aristotle? What comfort can the Vortices of Descartes give to a Man who has Whirlwinds in his Bowels? The knowledge of Newton's Attraction of the Particles of Matter, can it afford ease to him who is racked

by their mutual Repulsion and the cruel Distention it occasions? The Pleasure arising to a few Philosophers, from seeing a few times in their life, the Threads of Light Untwisted, and separated by the Newtonian Prism in Seven Colours, can it be compared with the Ease and comfort every Man might feel seven times a day, by discharging freely the Wind from his Bowels, especially if it be converted into a Perfume? For the Pleasures of one Sense being little inferior to those of another, instead of pleasing the Sight he might delight the Smell of those about him, and make numbers happy, which to a benevolent Mind must afford infinite Satisfaction. The generous Soul, who now endeavors to find out whether the Friends he entertains like best Claret or Burgundy, Champagne or Madelra, would then enquire also whether they chose Musk or Lilly, Rose or Bergamot, and provide accordingly. and surely such a liberty of F—g, of easing ourselves and pleasing one another, by thus expressing our sentiments, is of infinitely more importance to human Happiness than that liberty of Printing, or of abusing one another, which the English are so ready to fight for. In short, This Invention, if completed, would be, as Bacon expresses it, bringing Philosophy home to men's Business and Bosoms. And I cannot but conclude, that in Comparison therewith, for universal and continual Utility, the Science of the Philosophers above mentioned, even with the addition, Gentlemen, of your Figure quelconque and the Figures inscrib'd in it, are scarcely worth a Parting.

BOOKS

A Manual of Practical Hygiene.—For Students, Physicians and Health Officers, by Charles Harrington, M. D., late Professor of Hygiene in the Medical School of Harvard University. Fourth edition, revised and enlarged by Mark W. Richardson, M. D., Secretary to State Board of Health of Massachusetts. Octavo, 850 pages, with 125 engravings and 12 full-page plates, in colors and monochrome. Cloth, \$4.50 net. Lea & Febiger, Philadelphia and New York, 1911.

It is a pleasure to review a book of this sort. The work is exactly what the title page proclaims it, viz: a manual of practi-

cal hygiene. One may transpose the words and say with emphasis that it is a practical manual. It is complete and thorough without being prolix and tiresome. There are few problems of a scientific nature that confront a health officer the solution of which may not be found in these pages. Would that the solution of administrative problems, the most vexatious of a health officer's work, could be found on a printed page. The completeness of this book in its discussion of the scientific questions relating to the public health is indicated by the

titles of the various chapters. These are: Foods, Air, Soil, Water, Habitations, Sewage, Garbage, Disinfectants and Disinfection, Military Hygiene, Naval and Marine Hygiene, Tropical Hygiene, The Relation of Insects to Human Disease, Hygiene of Occupation, Vital Statistics, Personal Hygiene, Infection and Immunity, Vaccination and Small-pox. Quarantine, Disposal of the Dead.

Many of the chapters are divided into sections. The chapter on foods has the following sections: General Considerations, Animal Foods, Milk and Milk Products, Vegetable Foods, Beverages, Condiments, etc., Food Preservation, Contamination of Foods by Metals. The section on milk gives composition of milk, specific gravity, reaction and taste, a discussion of koumiss and kefir and like products, an exceedingly thorough discussion of the ferments of milk and their value in dietetics, of the bacteria of milk, benign and pathogenic, of measures for lessening the bacterial content, of the preservation of milk by heat, cold and preservatives, of the detection of preservatives in milk, of adulterants and their detection. The milk products, cream, butter and cheese are likewise thoroughly discussed. Several pages are given to the consideration of milk and its products derived from diseased cows, and under this head tuberculosis alone has five pages. The relation of garget or mammitis to epidemics of septic sore throat is well emphasized. Especially good are the pages given to the consideration of the contamination of milk by organisms from without. The specific organisms discussed in this relation are diphtheria, cholera, cholera infantum, scarlet fever, and typhoid fever. Eighteen pages are devoted to the analysis of milk, besides others to the analysis of cream, butter and cheese.

There is very little in the work to criticize. In the chapter on sewage we should like to have seen more space given to the disposal of human excreta in country homes. Especially would we like to have seen emphatic condemnation of the average farm privy. These are nation-wide menaces to the public health, yet no attention is given to them. Virtually nothing is said of farm sanitation. Nevertheless the book is an excellent one and should be in the hands of all health officers.

L. P. B.

Progressive Medicine.—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia; and Leighton F. Appleman, M. D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia. September 1, 1911. Price, \$6 per annum. Lea & Febiger, Philadelphia and New York.

The third number of the 13th volume of *Progressive Medicine* has the usual quota of timely, up-to-date and well-digested medical and surgical information. Under "Diseases of the Thorax and its Viscera," Wm. Ewart reviews in detail the latest discoveries concerning the cardiovascular system, and the practical application thereof. Wm. S. Gotthell's section on dermatology is interestingly illustrated, and contains much of practical value. His opinion of Ehrlich's treatment of syphilis and of the Wassermann reaction is not very flattering. Edward P. Davis contributes 126 pages to progress in obstetrics. Wm. G. Spiller furnishes a brief but comprehensive resume of the newer ideas relating to diseases of the nervous system.

E. C. H.

A Manual of Materia Medica.—By E. Quin Thornton, M. D., Assistant Professor of Materia Medica in the Jefferson Medical College, Philadelphia. Octavo, 525 pages, Cloth, \$3.50, net. Lea & Febiger, Philadelphia and New York, 1911.

This student manual contains the essentials of materia medica alone without extended discussions on therapeutics, which should properly be left to another work. There are especially good chapters on prescription writing and incompatibilities. Loyalty to the pharmacopoeia is its aim. The book is a good laboratory guide, and should find a ready acceptance by all students.

H. C. B.

Well's Quiz Compend of Gynecology.—P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia.

This work is adapted for the use of students and physicians who desire brevity and an accurate review of anatomy and physiology and therapy, both medical and surgical. The number of editions through which this compend has passed speaks for its popularity and real worth. The technique of the different methods of treatment is accurate and the different subjects are treated in a

manner that wins approbation of both student and teacher.

ELIZABETH CASSIDY.

Personal Hygiene and Physical Training for Women.—By Anna M. Galbraith, M. D., Fellow of the New York Academy of Medicine. 12 mo. of 375 pages, with original illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$2.00 net.

A concise, scientific treatment of the subject, in a very comprehensive way. The work is admirably adapted to the needs of teachers and students of physical training. Its simplicity makes it a valuable addition to any library, and many of the suggestions can be carried out with great benefit to the health and happiness of women in general. On its merits Dr. Galbraith is to be congratulated on her very able presentation of a most important subject.

ELIZABETH CASSIDY.

Modern Treatment: The Management of Disease with Medicinal and Non-Medicinal Remedies. By eminent American and English authorities. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica, Jefferson Medical College, Philadelphia; Physician to the Jefferson Hospital; Author of "A Text-Book of Practical Therapeutics," "A Text-Book of the Practice of Medicine," etc.; assisted by H. R. M. Landis, M.D., Medical Director to the Phipps Institute for Tuberculosis and Physician to the White Haven Sanatorium. In two very handsome octavo volumes, comprising 1800 pages, with numerous engravings and full page plates. Price per volume in cloth, \$6.00, net; half morocco, \$7.50, net.

Lea & Febiger, Publishers, Philadelphia and New York, 1911.

The second volume of Hare's "Modern Treatment" is so much better than the first volume, both in point of authors contributing and information given, that the curse of the first volume is in part overlooked, and one can entertain hopes for the last. Like the first volume, it shows no editing, no unity or uniformity either of purpose or method of handling the subject matter. It is just a "hit and miss" collection of disjointed essays; however, some of them are good.

James MacKenzie's discussion of Diseases of the Heart and Blood Vessels and of Nervous and Functional Disorders is a clear and easy exposition of the theories the author has set forth these last years. These theories have revolutionized our conception of cardiac disease, and time seems to bear out the validity of his ideas. The article will help many a man to understand the tracings he sees in every medical journal, but has not the faintest idea of what they all mean.

Attention might well be called to the section upon Diabetes, Scorbutus and Obesity. The section is exceptionally well written, and differs from so many in that the author actually does tell something useful. The section upon Thyroid and Thymus is well written, and covers all there is to tell about these glands and their pathology. Tyson skims through the various kidney conditions in a most free and easy way.

It is needless to enumerate all the various sections and review each, for in those sections of which the reviewer thinks least, another may find much of use, and it is so much easier to get the plum of such a section if one attacks it without prejudice.

A. R. P.

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All advertising correspondence should be addressed to the main publishing office, 1839 Champa Street, Denver, Colorado.

Our prices on Reprints about cover actual cost. Those ordering Reprints must order at the time of revising their proofs.

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It has been said, "Blessed is he that expects little, for he shall receive nothing." The members of the Utah State Medical Association have learned to expect but little from their official organ, and probably were not disappointed when they found themselves entirely ignored in August, and about half a column in October. The organ of the State Association of Oregon, Washington and Idaho, being devoted to the interests of the medical profession of the Pacific Northwest, feels no compunction in crowding out the Cinderella Sister—Utah. We notice, too, that Alaska was frozen out. Carefully read this issue of the Utah Medical Journal.

INDEPENDENT VS. CONTROLLED MEDICAL JOURNALS.

The Utah Medical Journal prides itself upon its absolute independence. It is published in the interest of the entire Utah profession and of the people at large so far as relates to their physical and moral health. We do not seek to exploit or magnify our work. That speaks for itself, but occasionally some of the brethren, who so glibly talk about medical ethics, but do not by their acts show that they have any real regard for the Golden Rule, force us into the open and compel us in self-defense to refer to some of the things that have helped to cheer and encourage us.

We desire—if permitted—to act in unison with the medical fraternity of Utah, because to paraphrase a familiar saying, a profession divided against itself loses much of its power and ability to carry out any desired program. For this reason we regretted that through statements made and personal animus on the part of some of the members of the State Association, a disruption of the independent but heretofore friendly relations existing between this Journal and the Association, as a body, was brought about at the annual meeting of 1910. Good however resulted, for it enabled us to devote more space to the important subject of Eugenics and thus the Journal became a factor in the passing of some very essential laws during the last session of the Utah Legislature—so important indeed, that the law in relation to the notification of venereal disease has since become known and is quoted by Journals and well known scientific authors as the "Utah Plan." This is a compliment that we appreciate—and that it is something more than a compliment, is shown by the applications coming to us not only from the U. S. and Canada, but from Great Britain and other of the English colonies,

asking for reprints of papers and copies of the Utah law. It is gratifying to find that the Journal is not only widely read, but that our advice has been sought and that we have been able to contribute substantial aid towards the solving of one of the most important social questions of the day.

The alleged cause of our delinquency, as stated at the 1910 meeting of the State Association, was that we accepted and published advertisements which some of the brethren did not consider ethical. We replied very fully to this charge in our issue of January, 1911, page 282, under the heading of Medical Advertisements in Scientific Journals, and in part stated: "This Journal has consistently refused to insert advertisements of wares which cannot be conscientiously recommended,—patent medicines and other 'fake' remedies can not buy space of us at any price. We have refused and are still refusing to insert advertisements which deceive and rob the unwary of money and health. Naturally, there may be differences of opinion as to the bona fides of some advertisers, and we shall therefore consider it a favor if readers will furnish us with proof of any fraudulent claims made by those advertising in our columns. Medical Journals are issued to and read by the profession—not by the public at large. We therefore believe that Licentiates who have secured certificates from the State Board of Medical Examiners are entitled to have the various new drug compounds and proprietary preparations brought to their notice in order that they may be in a position to judge as to their value. Where are they to obtain this knowledge except from the advertising pages of their Scientific Journals and the comments of their brethren? Are such men to be limited in their pursuit of further knowledge by a few self constituted censors or judges of purity and ethical rights and wrongs? Who has given them the

right to expurgate our text books and tell us what we shall or shall not read in our Scientific Journals?" Some of those who ventured to refer to our Journal in opprobrious terms are no doubt personally well able to decide for themselves as to the propriety of prescribing or not prescribing advertised proprietary preparations. Again we ask: "Why should they assume that their fellow workers are not equally competent to determine as to the value of pharmacals advertised in this Journal?"

The circulation of Association Journals is limited almost entirely to the members of each State Association—for instance who, outside of the Colorado Association, reads or takes any stock in the Association Journal of that state, or who, outside of the membership of the Idaho, Oregon and Washington Associations takes the trouble to pay for or peruse their official organ? It is for this reason that these Journals of the organizations are shunned by all classes of advertisers—and it is because of their limited circulation and possibly also because of the absence of standard advertisements that they are also shunned by independent thinkers and authors. As a result they are nearly all run at a financial loss and usually degenerate into and become the organs of mutual admiration "cliques." It is this effort of the few to dictate and thrust their own personal views to the front that probably accounts for the growing revolt against the cut and dried methods of over-organization. Herein possibly lies the reason why the A. M. A. is not increasing, but has actually diminished its membership during the past year, (34,176, on May 1, 1910, as compared with 33,960 on May 1, 1911). So, too, we observe a lack of interest and a decrease in membership of our State Societies as shown by smaller attendances at State and National meetings. It would seem that we are approaching

the time when an effort is to be made by these organizations to boycott the Independent Journals not alone by endeavoring to injure their circulation and sources of revenue from advertisements, but by endeavors to prejudice their contributors and prevent authors, whose names carry weight in the profession and amongst medical and scientific readers from continuing to write for such Journals.

The following letter was received by one of our leading contributors, a man whose name is known the world over for his fearless efforts to advance the health and welfare of the human race. The writer of the epistle under date line of September 15, 1911, says:

"My Dear Dr.———"

"I have just read with pleasure and considerable profit your article in the current number of the Denver Medical Times and Utah Medical Journal.

"I am enclosing for your information a paper of my own work bearing somewhat on this subject, written several years ago. I wish to compliment you, Doctor, on the stand you have taken in this matter and hope to hear more from you in the future along the same lines.

"I regret, however, that the article did not appear in an Association Journal, whose pages are less beset with unethical advertisements than is the fact in the journal in which your paper appeared.

"We ought to lend our support and countenance to journals laboring for the uplift of the profession, and frown upon those carrying unethical advertisements and thereby misleading many doctors who are uninformed as to the standing of these ads.

Respectfully,

Secretary State Medical Asso.

The author who was thus unblushingly invited to boycott this Journal and to withdraw from association with

its editor, replied to this effusion to the following effect: "I told him that I wrote for 35 Journals and that I am on the editorial staff of some of them—that I found a good index of the value of a journal was to be found in the extent of the correspondence which resulted, and that I had taken the time to count the letters from one filing case, which showed that more than 90 per cent resulted from the independent journals—that even when the same paper had been syndicated in both classes, the balance still stayed with the independent. I told him that the editor of the Utah Medical Journal had gone into the breach, with his (alleged) unethical journal, and had been one of the principal factors in getting a law passed which pioneered the reporting and rendered possible the quarantining of venereal disease, and that the doctor was undoubtedly so unethically altruistic as to do this without payment, or without being called as an adviser in the case of a diseased body politic. That as editor of the Utah Medical Journal, he had done me the honor to ask me to help him build up a sentiment that will force every young man to be free from the horror of venereal infection before he can get a marriage license, and I felt honored by the implied tribute to my ability as a writer, while my life work is such that I cannot but aid in anything that will relieve trusting womanhood from the damning hyena that clutches at their vitals.

"I told him that were I to see a rattlesnake coiled in the path of innocence, and had not a gun to shoot it, I should not scout the rock or club with which to destroy the monster. My code of ethics is found in the Bible in the parable where the Christ answered the question, 'Who is my brother?' and it is good enough for me."

We thank the writer on behalf of our readers for his unanswerable defense of their right to receive of the

brightest and best of the current medical literature of the day. And we also tender to him the thanks of Independent Journalism for this exposure of an attempted boycott.

We appreciate the fact that the secretary of at least one State Association not only reads the Utah Medical Journal, but admits that he has received inspiration therefrom. We may add that neither he nor any other of our many readers have furnished us with proofs of any fraudulent claims made by those advertising in our columns. It is therefore up to those who claim that we carry unethical matter to advise us wherein we have sinned. If there is any substantial ground upon which fraud can be established—the question of financial profit will not prevent action on our part.

REVOCATION OF LICENSE BY UTAH STATE BOARD OF EXAMINERS.

The recent Medical Practice Act, 1911, is effective. The Herald reports as follows under date of October 4th:

"Judgment by stipulation, revoking the physician's license of Dr. J. H. Robinson and forever enjoining him from the practice of medicine or surgery in the State of Utah, was entered by Judge M. L. Ritchie's court yesterday morning in the case of the State Board of Medical Examiners against J. H. Robinson.

"The case was originally brought against Dr. Robinson to revoke his license as a result of his arrest on a charge of performing a criminal operation upon a young woman.

"The case against Dr. Robinson by the Board of Medical Examiners was called in the district court in June and a stipulation was entered into between the attorneys for the plaintiffs and the defendant on June 21st, agreeing that judgment revoking the license of the doctor and enjoining him perpetually

from practicing medicine and surgery in Utah should be entered without hearing of evidence, conclusions of law or finding of fact on October 2nd.

"This stipulation was filed not to be opened until yesterday morning. It was agreed that the defendant would not appear in court when the stipulation was opened and the judgment rendered, and only the attorneys for the two sides were present when judgment was rendered.

"There is a criminal charge still pending in the criminal division of the district court against Dr. Robinson, but it is understood it will not be pressed.

UTAH STATE MEDICAL ASSOCIATION.

The seventeenth annual meeting of the State Association was held in Salt Lake City, on the 4th and 5th of October, under the presidency of Dr. Fred W. Taylor of Provo. The presence of Dr. I. N. McCormack, chairman of the Committee on Organization of the American Medical Association, proved to be the feature of the meeting, but only some thirty physicians were in attendance to listen to his talk on Public Health and Sanitation. He decried the professional jealousy which exists in the medical profession and declared that there is little wonder why legislators cannot be induced to pass laws in the interests and for the protection of the medical profession when there is so much prejudice among the members themselves. A paper by Dr. Joyce of Ogden, on The Business Side of Medicine, in which he referred to the new style "German and French" Hospitals where everything is gotten down to a system such that everything is provided "on the spot" to take care of a person from the cradle to the grave, even burial outfits being provided on the payment of a regular fee in the form of a health insurance proposition. He was of opinion that the

medical profession should awaken to the fate that threatened it and do something to head off these schemes, or it would be reduced to a salary basis. In the discussion which followed Dr. Whitney declared that the lodge with its hundreds of members that taxed each one 15 cents or some such an amount and hired a young doctor to look after the physical welfare of all the members, was robbing some other young doctor of a chance to make a start and earn a living and was encroaching upon the domain of the medical profession and depriving its members of a fair chance to earn a reasonable competence. The new officers for the years 1911-12 are Dr. R. W. Fisher, of Salt Lake, ex-Secretary of the State Board of Medical Examiners, President; Dr. C. E. West, of Salina, 1st Vice-President; Dr. G. H. Smith, of Ogden, 2nd Vice-President; Dr. T. G. Howells, of Bountiful, 3rd Vice-President; Dr. H. P. Kirtley, Salt Lake, Treasurer, and Dr. S. G. Kahn, Salt Lake, Delegate to the American Medical Association.

HYGIENIC LEGISLATION.

Dr. G. Henri Bogart, in The Medical World of Philadelphia, October, quotes: "Popular opinion will not allow the enforcement of law;" but says, "'Tis better to have loved and lost than never to have loved at all"—and adds, those good people who sit supine and then grumble that the "interests" get all the laws that they want, have but themselves to blame—for a law is but the crystallized exponent of a need, and here, if anywhere, we find the demonstration of the dictum of Holy Writ. "Ask and ye shall receive." Hygienic laws in particular seem to the untrained legislator as a cranky matter and will receive slight consideration unless the shibboleth of authority come with it. **The law-maker must turn to the doctors for his infor-**

mation on questions of medical importance.

In this article Dr. Bogart refers to the quarantining of venereal diseases and says: The most important law of the past year is the "Utah Plan" (which owes its passage to the editor of the Utah Medical Journal) a law providing for report of all venereal diseases. * * * The literal Hell in connection with the venereals is the fact that the greatest sufferers are the innocents, the wife and children, contaminated through the purest, sweetest relationship of the race, the embraces of the lovelighted nuptial couch. * * * Mawkish sentimentality and prudery hold that the presence of these specters must be ignored and ethics would seal the lips of the medical man, even when he sees the impure bridegroom lead pure, sweet trusting womanhood to the altar of bestial degradation. Remember that "simple gonorrhea" becomes latent and constitutional and the victim condemns his wife to a fate far worse than death. * * * A man came to us for sterilization with the story that his wife had suffered eleven miscarriages in the past thirteen years and that her health was all "shot to pieces," and that he was willing to submit to the operation for her sake, as he did not wish her to suffer any more pregnancies and as the operation for sterilization does not impair sexual powers and enjoyment, he was not risking anything by it. When the scrotal sack was opened to expose the spermatic cord that the vas deferens might be severed a general mass of adhesions was encountered and I at once charged him with having had specific inflammation. Bacteriologic examination showed that he was still a bearer of gonococci, though he was suffering no inconvenience and was a fine looking, healthy appearing man. But the innocent woman, broken in health, a life of invalidism and suffering before her and behind her,—what of her?

* * * Not all cases of venereal infection will be reported, not all cases will be quarantined in Utah under this law, but some will, and some headway will result in the control of this terrible menace to the development of the race according to the divine plan. Then there will come a public awakening among the populace as to the menace—and the law will prove educational as well as prophylactic. The reporting of these most loathsome of the infectious diseases is a step and all progress in the march of development is by single steps. Dr. Clift has engaged in a campaign for another radical law, one which shall compel the man seeking to obtain a marriage license to present a certificate of a bacteriologic examination showing that he is free from venereal infection before the marriage license can issue and has entered his Journal—The Utah Medical Journal—on an educational campaign for the creating of an intelligent demand for the law. The fee need not be large, but what does this little amount to when measured against the monetary losses of supporting an invalid wife through all the years? The other horrors are immeasurably greater, but one must show a dollar saving to reach the comprehension of the average lawmaker.

After referring to the recent additions to the Indiana Health Laws, the doctor adds, every one of these laws needed some man single of purpose to enable it to become a fact; each measure needed doctors in the local communities to create the popular demand for these laws.

Doctor, will you lend your influence to get laws such as these for your community? Write for copies of the measures which appeal to you and find rest and mental growth in the exercise—as well as the "well done, good and faithful servant."

GLONIN AND HIGH BLOOD-PRESSURES.

The existence of arteriosclerosis does not necessarily call for treatment, as there may be no symptoms. The organism has been able to adjust itself to the gradual changes taking place in the cardiovascular system. The damage already done may not be remedied, but the process may be stayed and further damage to the arteries prevented. It is necessary to simplify habits of living in these cases. Drinking to excess, abuse of tobacco, over-eating, extreme muscular exertion, and increased blood pressure. The need of restriction in these matters is apparent.

Too high blood pressure can be readily reduced by glonoin (nitroglycerin) 1-500 gr to 1-250 gr. every half hour to two hours, followed after a few doses by one of the nitrites, as sodium nitrite in 1-2 gr. to 4 grs. three times daily. Glonoin causes a fall of pressure beginning in one minute, attaining its greatest fall in about four minutes. The effect of glonoin is rapidly dissipated, a rise in pressure beginning almost immediately after the maximum fall, but slower than the fall, so that the effect of a therapeutic dose passes off in about thirty minutes. It is necessary to repeat the dose frequently to keep up the effect. Glonoin when used in properly indicated cases, is a "life-

saver." Symptoms due to hypertension as pain, headache, dizziness, epistaxis, gastric disorders, etc., are relieved by reduction of pressure and glonoin reduces blood pressure quickly and safely.

In heart and kidney cases due to autotoxemic conditions, glonoin is not as satisfactory even when blood pressure is high. Elimination is sluggish in these cases and relief is more certainly obtained by "cleaning out" thoroughly.

Glonoin hypodermically in 1-50 gr. dose is extremely serviceable in pulmonary hemorrhage. It is indicated in puerperal eclampsia to reduce high blood pressure, and sedate motor symptoms, while the eliminant and circulatory depressant action of veratrine is our "standby." It gives rapid relief in angina pectoris, being absorbed as quickly from the mucous membrane of the mouth as by hypodermic injection. In neuralgia, in neuritis, in sciatica, in colic, it is antispasmodic, and acts well in conjunction with strychnine arsenate and gelseminine.

Glonoin is not a heart stimulant.

Glonoin is inadmissible in shock and collapse where blood pressure is already low.

Glonoin is most beneficial in all cases of high blood pressure. It is evanescent in action and therefore must be repeated frequently.

Russell J. Smith, M. D., Logan, Utah.

PHYSICAL AND FUNCTIONAL DEFECTS RESULTING FROM NASAL OBSTRUCTION.

DR. C. F. OSGOOD,
Ogden, Utah.

Few subjects in the physician's field of labor are more interesting, or more calamitous in its effects than that of nasal obstruction. The old adage, "As

the twig is bent, the tree is inclined," which has been so frequently applied to the moral development of the child, is equally true, when there are present

*Read at the Semi-Annual Meeting of The First District Councilor Medical Society at Logan, February 15, 1911.

defects in its physical and functional development, and could be simulated by another which might be quoted thus: As the nose is obstructed, the child is deformed. Laymen know the effects of canyon breeze on a growing orchard, and diagnose the cause of deformity in the trees as constant unilateral air-pressure. We, as physicians, should not be less apt in locating the cause for many of the mal developments in this, the "human tree." Let us take up and analyze some of the more common physical defects resulting from early continued nasal obstruction.

First, the half opened mouth, necessary to breathe; the narrow, pinched nose with its thin, flattened alae nasi; the projecting, crowded teeth; the high, arching pallet, and V-shaped alveolar arch, make a picture from which the physician can as surely make a diagnosis of early nasal obstruction as a layman can that a canyon breeze was the cause of bending his trees.

Why do these defects follow nasal obstruction so surely as night the day? Because following the law of nature that all things grow in the line of least resistance, so the maxillary bone, when the mouth is open, has the cheek muscles drawn more tense, exerting a downward and external lateral pressure, the tongue being in the floor of the mouth fails to exert its normal internal and lateral pressure as it does when the mouth is closed. This necessarily moulds the bone with a high narrowed arch. The maxillary arch being narrowed, the incisors are proportionably crowded forward, and not receiving sufficient resistance from the upper lip on account of the constantly open mouth, the teeth soon begin to project and the upper lip frequently retracts, leaving the teeth exposed and much more susceptible to decay.

The alae nasi muscles, being called into action only in deep nasal inspiration, fail to develop through non-use, as these unfortunates take all deep in-

spirations through the mouth, hence the thin, pinched appearance of the nose. Unfortunately, the bones of the face are not the only ones distorted through mouth breathing. Children with marked nasal obstruction will often be found to have some deformity of the chest.

There may be flattening of the sides of the chest, with projection forward of the sternum. The so-called pigeon breast, or a depression running around the lower ribs, with a deep depression over the lower half of the sternum.

MacKeown's explanation of these two forms of deformity is purely mechanical, and appeals to me to be most rational. He states that if chest walls be observed during deep sleep, it will be found that at each inspiration there is recession of the anterior triangles of the neck, of the supra sternal and supra cavicular fossae, also of the lower part of the sternum and lower ribs. The more marked the nasal obstruction, the deeper the sinking of these regions. In time, the effect becomes permanent. If the bones are strong, there will probably be a depression in the lower sternal region and around the chest near the insertion of the diaphragm. If, on the other hand, the bones are soft, from malnutrition and rickets, a common complication in marked nasal obstruction, there will be flattening of the sides of the chest and bulging forward of the sternum, the "pigeon breast." These deformities are among the most serious results of nasal obstruction. It may readily be seen that in association with the general ill health and the constant catarrhs of the upper air passages, they render the patient more susceptible to chest diseases.

It is, however, the functional defects which most frequently bring these individuals to the physicians. The physical deformities which have been mentioned commonly pass unobserved or are attributed to hereditary causes.

It may be the deafness, the dry, bark-

ing cough, the foul odorous nasal discharge, the inability to free the nose, restless sleep, disturbed by terrifying dreams, attacks of asthma, with or without bronchitis, or the general malnutrition of the patient, which makes him or her seek medical advice.

Catarrh of the eustachian tubes and middle ear are most frequently met with in association with nasal obstruction. I should estimate that seven-tenths of the cases of deafness I see are due indirectly to this cause. Perhaps the percentage is even higher in the deafness of children. Acute and chronic laryngeal catarrh, and especially the dry form of laryngitis, with thickening of the mucus membrane, are frequently met with and prove most intractable until the mouth breathing is corrected. The liability to trachitis, bronchitis and broncho-pneumonia is greatly increased by lack of the cleansing and warming the air receives in normal nasal inspiration.

It is a common experience to have children brought to you with the history of repeated colds on the slightest provocation, which trouble disappears shortly after free nasal respiration is established. It has been said that the greatest field of endeavor for the fu-

ture physician will be in the prevention rather than the cure of disease.

We are, at present, daily preventing diphtheria and tetanus with the immunizing antitoxin, preventing typhoid by caring for the drinking water and the excreta of the patients, preventing tuberculosis by proper isolations of the patient and looking after the sputa. It also lies within our power by early diagnosis and proper treatment to prevent the physical and functional defects resulting from nasal obstruction.

To summarize, we would say nasal obstruction deforms the face and chest, affects the teeth, deafens the ear, alters the speech, produces a cough, dwarfs the mind. These effects are entirely within the field of preventable medicine and the responsibility of recognizing the cause and educating parents in regard to the effect rests almost entirely with the family physician.

Culpable indeed, the physician who had the care of a case of pulmonary tuberculosis and failed to explain the necessity of careful disposition of the sputum. What then, he who allows the children of his patients to grow up marked mouth breathers, saying as is frequently done, they will out-grow it, and not explaining its most deleterious effects!

DEPARTMENT OF EUGENICS

DISEASED CHILDREN.

DR. J. N. HURTY,

Secretary Indiana State Board of Health.

A weak, sickly child is indeed a sad sight. The putty complexion, the lack-luster eyes, the thin hands, arms and legs, and the weary look makes our hearts bleed. But why the diseased child? How came it to be diseased? Have the sins of the fathers descended? If they have, why is he not arrested and punished? If he were slowly to

poison the child with a poison bought at the drug store, he would be promptly arrested and punished. What is the difference? Ask the child which poison he prefers. He will certainly tell you, when he has suffered and salved his sores for a few years, that arsenic poisoning is preferable to blood poisoning. Why does not society class as disgraced

he who bears hereditary poison in his blood, having wickedly put it there? And what a strange, inconsistent thing is society anyhow. It has one standard of morals for women, and another for men. And, so long as this condition prevails, so long will the blood-sins of husbands descend upon their wives and children. In the Orphans' Home at Indianapolis are seventeen innocent children, all suffering from the hereditary malady which is worse than the leprosy. They can not develop into strong, useful members of society. The disease prevents.

They will be a burden to themselves

and to the state all their lives and possibly they will produce some more like themselves. Why does society permit such conditions? We strive to prevent fires that destroy property. Why not strive to prevent fire (disease) that burns up human beings? Is it our high intelligence which keeps us silent and inactive in this matter?

The law should require the prompt reporting of all cases of the hereditary plagues. They are, excepting certain cases, acquired in sin and self-disgrace. Why should we speak of this matter in a whisper?

Is our silence strength or weakness?

THE MENACE OF CLANDESTINE PROSTITUTION.

DR. G. HENRI BOGART,

Terre Haute, Ind.

Everywhere, whether in the daily press, the current magazines or in the professional journals, we find a warning cry of protest against the social evil, the white slave traffic, and the dangers of obscure venereal infection.

Insofar as these three closely interwoven evils are concerned, we are in the right track, in part, especially as regards the last mentioned of the unholy trinity, which has become of national importance.

We are, however, devoting entirely too much thought to the element of normal prostitution, and not enough to the more dangerous and insidious line of attack upon this foe of the home—and the race.

When we are inveighing against the public house of shame alone, we are "barking up the wrong tree," for two reasons: prostitution is as old as the dawn of history, and although the elimination of the nefarious traffic be desirable, it is not now attainable, and we cannot hope to do away with it until the coming of some indeterminate period of futurity.

In this plea considered alone, we are forgetting the many-fold graver source of danger, the clandestine, respectable (?) peddler of coition. Right here I wish to place myself plainly upon record.

I am omitting the consideration of the moral aspect of the question of illicit sex relationship; that field has been fought over for ages, and is now fully covered, and not to recognize the fact were puerile, for despite the best endeavors of earnest, honest men and women, the crime grows by leaps and bounds. I wish to make plain that this is a world of facts as they are and not one of abstract theories, and that we must accept what is, and not what we would desire, if we are to hope for success.

The fight along moral lines is good and proper, and I would not be construed as seeking to belittle it, neither to hamper it, but rather to equip its workers with the sword of truth.

Far too much of the energies of the reformers is expended blindly, and

without the certitude of accurate knowledge.

I wish to help set the efforts for ethical race preservation into the lines of psychical and physical certitude, to chart the hidden dangers and pitfalls along the way.

Don Quixote, setting his lance against the wings of the windmill, is a world-joke; the same energy expended upon the intelligence, directing the mill, would have laid low the foe, and enabled the stopping of the mill.

I am seeking to set forth pathological facts, and their dire results by dispassionate discussion of real conditions. In modern warfare the engineering corps must map the territory, ere the general plan the details of a successful campaign.

Olden ethics—and not so old, either—held that infection was but a righteous retribution for sin, but we know that the worst sufferers are those innocently contaminated.

Modern life is so complex that no one of its members may suffer, unless the entire body politic shall feel the burden.

The only manner possible for the stay of the venereals lies in the education of the masses who must know the dangers of this, to them, uncharted sea of sexuality, for it is only through knowledge of these hidden perils that the pilot may avoid shipwreck, or, better yet, sail his bark in fairer seas, than those sought by the sailors of this era. This education must come down to the laity through the profession and ere it may so trickle down the medical mass itself must have felt the leaven with thoroughness.

Allow the quotations of three expert writers:

The whole subject of physiology should be taught and not—as at present—only in part, and that imperfectly. The truth should be taught, and that is that there are two great functions of the organism, namely, the preservation

of the individual and the perpetuation of the race; that the functions of the various organs of the body are subsidiary to one or other of these great functions.—DeLancey Rochester, M. D., Buffalo, N. Y.

A young man said to me: "If my father had given me ten minutes of sound advice and warning, I should have been saved years of sickness. As it was, I knew nothing: it was a question of guessing. I kept on guessing until I found out by bitter experience." What can be reasonably expected from this hygienic education? It will constitute a safeguard and a valuable safeguard against venereal exposure. Fournier says: "Many young men thus instructed will expose themselves, but they will expose themselves less often, less readily, less foolishly, and thus a greater number of contaminations will be prevented."—Prince A. Morrow, M. D., New York City.

This committee has confined its studies to the enormous spread of venereal diseases, without deciding on the merits or the demerits of a "Regulation of the Social Evil." It has come to a conclusion that systematized action emanating from the medical profession—a dissemination of knowledge to teach the populace the hygiene of sexual life—is the first step to diminish the consequences of venereal disease.

* * * A propaganda of action having as its aim to interest the profession and especially to enlighten the broad masses of the importance and dangers of venereal diseases is the next step in the crusade to attack the hydra which endangers humanity in the present and threatens it in the future.—Second Annual Report of the Committee on Prophylaxis of Venereal Diseases. Ludwig Weiss, M. D., Secretary, New York City.

In the seeking of facts to present to the profession, I have been compelled to conclude that the public prostitute is not nearly so great a menace to race

purity as is the clandestine and presumably respectable girl or woman who panders to wanton sexual indulgence.

Dr. J. P. Simonds, superintendent of the Indiana Bacteriological Laboratory, sent out a questionnaire to reputable physicians who were willing to gather statistics on the venereals.

One of the questions asked the source of the infection, and far the larger number came from private sources—the servant, the milliner, the neighbor's wife, the dining room girl, and at that, many of the reported cases were city men, who when out of town got something to bring home from the smaller towns.

I will venture the assertion that any sophisticated man of ordinary address and decently garbed may go into a town of 2,000 population, on business, and without letters of introduction, and find an affinity within twenty-four hours.

And she will not necessarily come from the slums, either. Nor need she be a brazen hussy; nor seem to be other than the pink of respectability—indeed, many of these young women are open only to the approach of strangers—they do not trust home fellows.

Last season a vaudeville company perpetrated the following:

"Where do all the good girls go?"

"They go to heaven."

"Where do the other girls go?"

"Oh, they go down to the station and catch a drummer."

"Which kind are there the most of?"

"The most of them don't die, to go to heaven."

This silly skit invariably provoked applause, for the public subconsciously recognized the truth, and yet had a lecturer mounted that platform and charged that many of the putatively respectable women of the audience were of easy virtue, he would have been mobbed, for this matter is held, like the pioneer milk-sickness, to lie "over in the next township."

The joke was like the facts, far from nice; still, there's some fire for all the smoke.

Edith Lowrey, in *Woman's World*, in a paper entitled "Rural Pitfalls," introduces her subject as follows: "In all our large cities, there are a number of rescue homes, whose work is to shelter unfortunate girls, care for them during their time of trial, and set their feet anew in the path of a wholesome life. A short time ago, in talking with the superintendent of one of the largest of these (an institution in which are born from five to seven little mites of humanity each week) I was surprised and shocked to hear him make the statement that at least seven-tenths of the girls who came to the institution had met misfortune, not in the cities, but in the smaller towns and the country districts.

To me it seemed unbelievable until a careful examination of the records proved his statement to be under, rather than above the fact—the percentage is 71. Oftentimes these girls are of the best families and the fathers of the babes are highly respected men in the communities."

The majority of the rural cases which reach these homes never become known to the public and the guilty parties retain their social standing.

I am not quoting Miss Lowrey to indicate that all women are lacking in virtue, a chivalrous regard for the sex would consider that all are pure, but the sad fact remains that there is many a proud dame whose past contains one sealed chapter.

The past summer a medical missionary wrote me that he had been referred to me and to some of my papers along the lines of eugenics and sterilization—which is only applied eugenics,—and asking for reprints of any papers I could spare and data as to where he could get others.

I had no reprints—the call for them keeps my table cleared, and I fre-

quently have to loan my private files, where the occasion seems of sufficient importance; I gave him the address of some of the publications of the more important papers.

Subsequent correspondence brought me the following statement, and to show its worth I will state that this gentleman, after graduating from the theological seminary, took a complete medical course to qualify him for work in the mountains, and that with rare self-sacrifice he has spent his life among the rude mountaineers of the Appalachians, and of them he says: "You in common with the majority, may think of these mountaineers as a sturdy, simple folk, but such is far from being true; they are literally honey-combed with venereal and tubercular infection and their dense ignorance renders control well nigh impossible, while aiding the taint to spread like a forest fire."

So earnest is he that he came all the way to Indiana to confer with me as to the conditions.

There are two causes that serve to render the clandestine a special menace: First, the ignorance of the woman will cause her to consider her trouble as a mere case of "whites," while at the same time the local irritation increases her passion, literally sets up an "itching desire"; and secondly, the peculiar tolerance of the female for such disease.

On this last point, Dr. J. M. Hurty, secretary of the Indiana State Board of Health, says

"A woman may have syphilis and look as fair as a rose. The same woman may infect a man who may die in two or three years. This same woman, again may live for years as a trap for unwary males. Medical scientists are not clear as to why the syphilitic germ has a different pathological effect on woman from man—but it does act differently."

On the other hand, the professional

courtesan has been taught to recognize and avoid disease, and to seek a cure, when infected, merely as a matter of business.

Certainly there is grave danger in cohabiting with these women, but the fact remains that the horror of venereal poison is dragging its vile, slimy folds into every nook and corner of the nation, as the sylvan mountain recesses just noted, and that even innocent childhood is not spared.

In the Indianapolis Medical Journal of June, 1910, Dr. Ada Sweitzer, the efficient bacteriologist of the state laboratory, has published a critical analysis of five children's gonorrheas, reported to the department, while treated by the local physician, in conjunction with a series of microscopic tests, in which the patients were respectively aged two, three and a half, three, ten, and nine, the first case extending from January, 1908, to April, 1909, before a complete cure was secured.

In March, 1911, there were two cases reported of little girls of five, with acute gonorrhea, and from different parts of the state. The history was difficult to get so as to assure certainty as to the cause of infection, though they seemed to have resulted, some of them, from sleeping with older persons who were infected.

Indirect infection with syphilis is not only easy, but common, while in gonorrheal contamination the stories of contagion, from towels, clothing and personal contact, other than coition, must be accepted with a great deal of caution, since the gonococcus does not survive much exposure.

The infecting drop of pus, with its germs, must be fresh, and applied to a moist mucus surface, if it find a soil in which to grow.

Dr. Sweitzer draws two interesting conclusions from the analysis of these cases, viz.: That the disease is persistent and liable to return or break out anew, and that the physical symptoms

indicate cure when the microscope tells a different story; and that recognition of gonorrhea is frequently missed.

There is no knowing how fearfully many such cases are not even suspected, owing to the tender age of the victims, nor again of the other number, recognized and not reported.

Certain it is that almost all cases of gonorrheal infection result from sexual intercourse, no matter how clean a bill of health the patient seeks to present with his story.

I hear the reader ejaculate, "In tender children!" and answer in the affirmative.

The evidence is as indisputable as it is horrible.

That eminent authority, Dr. Fred Sturgis, professor of venereal disease in the University of New York, cites two cases of boys of seven, contaminated by women, who used these children to appease their beastly, distorted passions, and refers to actual coition in numerous instances, including girls as young as three years.

Dr. H. J. Lemmon, while a student at Louisville, had a clinical case of a boy of four, with syphilis, and one of five with a virulent, acute gonorrhea, both contracted in the same manner from women. Both these lads were partly of negro ancestry.

I am personally cognizant of a circumstance where a servant became pregnant by a lad of thirteen, a son of the family, whom she had seduced and used as a bedfellow for two years, anticipating immunity from his youthfulness.

I am referring to these contaminations of children to call attention to the many possible evils of the clandestine harlot. At the same time it were well to look facts squarely in the face, and to realize that there are a frightful number of children who, with no idea other than that of play, yet accomplish the motions of coition, many of whom

—I refer to the girls,—when older, realize what they have been doing, and become virtuous women.

Still, all such are exposed to the dangers of specific infection.

While engaged in a thorough investigation of the causes of the remarkable preponderance of deaths over births in the American negro, with its resultant certainty of the rapid disappearance of the race, I minutely explored the colored houses of ill fame, and the hole-in-the-wall saloons, where the street-walking class have their hangouts, in the city of Indianapolis, since that city affords a class of colored representatives from every section of the South.

In confidential conversation with hundreds of these girls I learned that the majority had learned to debase themselves sexually at an average age of about eight years, and that incest had been the usual initial step, and that too, amid rural surroundings.

The venerable Dr. W. J. W. Merr, of Corsicana, Texas, writes me that he has, in a half century of active practice, encountered numberless instances of gonorrhea in negro children of tender years, some under three.

Let us look at the cause of this numeric increase in the clandestine prostitution, as well as the increased gravity of her menace.

First, I will place the ease of intercommunication that has made such marvelous growth within so short a period.

The automobile, the interurban, the increased railroad facilities, the telephone, the rural mail, and the sophistication of those late known as the "hayseed brigade," are benefits beyond compute, and the cryptic evils hinted at are part of the compensating balance, a part of the price exacted. To illustrate, one Sunday of last August there were 56,000 excursionists came into Indianapolis, a crowd equal to 25 per cent of the city population.

Among them were widowers, bache-

lors and boys who frankly admitted that they came to secure sexual connection. This statement is no guesswork. One has only to "stand around" a rural station and mingle with the crowd awaiting the train to hear confidences exchanged, to listen to the advice given by the shallow-pated chap who aspires to shine as a sport with his acquaintance "down at Madame ——'s on X street, number humpy-te-ump, you know," the majority will want to go to some low dive, where they can "see something." They are, to say the least, unsophisticated in the class of society which they are seeking, and quite a few of them are sure to bring something home with them, something for which they did not bargain, and some of them—far more than would be suspected—are married men, who will infect the trusting wife, frequently the neighbor's wife and the hired girl, and these clandestines are certain to give it wide distribution.

Intercommunication has broken down the isolation of the rural town village, and even of the farming communities, and the shy maiden of other days aspires to the easy self-confidence of those transients with whom she comes in contact, and many of them, with the "little knowledge that is a dangerous thing," fall prey to the temptations.

Women, whether matrons or maids, have come to regard travel as a matter of course, and there is no knowing where the journey may really end, nor what side excursions may have varied the trip.

Everywhere the floodgates of "cursed opportunity" are flung wide open by the genius of intercommunication.

The safeguard lies in the teaching of both sexes of the unsuspected dangers. We have tried moral suasion, and it is well, but we have taught it as an impersonal affair, a sore of a "This is not

for you, you are all right; and this is for low-down creatures," etc.

What we need is to cure the onward floodtide of sexual filth by plainly charting its dangers, that those who have disregarded the moral impersonal warnings may pause through selfish fear, if nothing better, as indicated in the quotation from Fournier.

The emancipation of woman has played an important part, too.

Allow me to refer to some instances from my own experience.

Within the past year it has been mine to meet five ladies, all absolute strangers, save by correspondence on business affairs, the meetings taking place in as many different hotels of one city. These ladies consulted me at hotels since my home at that time was in a small town on a small branch railroad where the connections are best expressed in the language of a friend, a priest, explaining the curtailing of a visit: "B—— is much like heaven; it is so hard to get into, and—it is like purgatory, it is so difficult to get out." Be that as it may, each of these women had gone to a different hotel, and I am personally known to the management of but one of them, and in each instance when I called, a bell boy took up my card, and the private consultation followed.

Now, while the meeting was a business matter, though confidential, the fact remains that a woman met a man in a private room, and though the relations were absolutely proper, yet it would be impossible to prove the fact in a court of law, every opportunity for wrong was provided by the circumstances, and the same opportunities are wide open for any one of ordinarily good appearance. The hotels mentioned are the most exclusive in the city, and in some of the inferior class such trade as that of the quasi-respectable clandestine is catered to. This fe-

male independence goes much farther on the psychological line than even this, as suggested by Dr. William Robinson, editor of the Critic and Guide.

We have been preaching the wrong of the "double standard of sex morality," and the pendulum, in some instances, has swung to the opposite extreme, and woman has been reaching into the place of the man, in so many different ways, that it has come to be felt that there are no rights belonging to the one sex that the other may not justly demand. It is certain that this desire to have all the privileges of the opposite sex has led many, otherwise clean and strong women, into sexual intrigues which otherwise would not have been dreamed of.

The spirit of woman's rights, indework unconsciously insofar as sexual emancipation—such they would name it—has gone; the women who practice it are not the real leaders of the movement, nor is this the intent of the suffragettes, but it must be remembered that any widespread agitation exerts many and varied psychic influences little guessed by its promoters.

Dr. M. C. Conant in a strong paper on the Wassermann test, in the Medical Council, quotes Noguchi on Serum Diagnosis, "There is going to be a wonderful work done by this test among the insane. Already it is found that in the general paralysis of the insane, from 80 to 100 per cent. yield a positive reaction."

We have about concluded that locomotor ataxia is merely a form of luetic expression and some recent writers, as Dr. Conant, are suggesting that salvarsan be used as routine treatment for the insane at the time of admission to an asylum.

Certain it is that while the percentage of insanity increase for the past decade has been 183 for each 1,000 of population, and equally certain that all over this land we are building new asy-

lums at an ever-increasing ratio to the citizenship, the while the cry is raised that our accommodations are inadequate. Right here is a good place to reiterate, modern life is so complex that no individual may suffer without harm to the entire body politic. Every taxpayer is mulcted to keep the insane victims of venereal plagues, and the money plea is the only plea which will reach some. Not alone the dictum of Christ, that we are the keepers of our brother, but whenever we neglect our personal care for that brother we suffer the consequences with him. Remember, too, that it is not the guilty ones who suffer the direct consequences; it is the confiding innocent who feel the hurt most sharply.

Again I shall quote:

The finest compliment that any young man can pay to his bride to be is to place in the hand of her father or best friend a certificate of "freedom from communicable disease," given by a reputable physician. It shows that the young man is "on the square." This should become a national custom. No young man who has been infected should risk marriage without the advice of a physician. A timely consultation of this kind may save much future unhappiness.—J. N. Hurty, Secretary Indiana State Board of Health.

It is time for all those who value the national health and morality to unite in a reasonable, earnest and patient campaign for sexual purity. For apathy and neglect there is no longer excuse. * * * As parents and teachers we are called upon to protect children and youth from the physical and moral ruin which follows the perversion of the sensual life largely due to ignorance and misinformation. We may reasonably hope that, some day, perhaps not soon, the state will require a certificate of freedom from "Social Diseases" in the interest of innocent wives and children. * * * Venereal

diseases are most of all the effect of human volition and habit; with a higher moral control they would disappear. It is to this crusade we address ourselves and summon to our ranks every chivalrous man who would protect the innocent from the effects of a vice for which there is no excuse, and every good woman whose sympathy arises from her pity and her purity, her love for children and her patriotism and religion.—Prof. Charles R. Henderson, University of Chicago, President Chicago Society of Social Hygiene.

Certain it is that since 1880, when gonorrhea first began to develop the constitutional form, so as to be manifest, the death rate from anomalous pathological conditions of brain, heart and kidneys has increased 131 per cent.

Certain it is that tuberculosis is a national calamity, and that efforts as laudable as strenuous are being made to control it, that it entails a tremendous financial loss each year aside from the other burdens with which it saddles humanity.

The venerable Cato is said never to have closed a speech in the Roman Forum without having called for the destruction of Carthage, and finally the iteration brought on the Punic wars, with the romantic stories of Hannibal and Hamilcar—I would advise any one interested in sexual psychology to read Flaubert's masterpiece, *Salambo*, as it deals with this period,—and while I do not hope to wield the influence of the historic senator, yet I feel constrained to say the one word against the encroachments of the venereals whenever the subject admits.

France is certainly a rich field for the study of syphilis, and Fournier, probably their greatest authority, recently said of the tuberculosis of the scrofulous, "It is the direct manifestation of a hereditary or late-syphilis."

Professor Landouzy says: "Syphilis

makes the bed for tuberculosis," an epigrammatic manner of stating that the debilitating influences of the venereals leave the system open for the assaults of the germs and prepares a fertile seed bed for it.

Ricord often refers to what he terms "pox-scrofulas," of which Fournier says: "In reality there is no exact mixture, simply the two maladies are found in the same person, each bolstering the other in the assault upon the citadel of life."

Dr. Emile Sergent has recently written a book to show that "Fibrous tuberculosis is only a manifestation of a syphilis that likely was not found out."

In America gonorrhea, with its ever-increasing constitutional manifestations, becomes, through relative frequency, a graver menace than its related venereals, and the fact that it is so rapidly invading the rural districts and smaller towns should be emphasized.

The true physician should do all in his power to be a leader in teaching the dangers of the infection and in effecting cures, rather than in merely relieving temporary discomfort.

Utah, the pioneer in this line, with her law demanding that this infection shall be reported and controlled as other contagious maladies, is to be congratulated, though there will go up a howl of protest, even as there are those who yet oppose vaccination, despite its record of a world scourge practically stamped out of existence.

An old doctor, a warm personal friend, recently said to me, "Bogart, you are right in theory, but you are fully fifty years in advance of a practical solution. Your idea that we can educate the people, and that we can get such diseases reported as Utah is attempting, is impracticable." I considered this as one of the strongest compliments of the many paid to the work that so interests me.

Doctor, calmly re-read this paper; then if you endorse but half what it says, do your duty to the community which gives you support; do your duty to that communal interest of which your children must be a part, when you

have passed out into the Great Silence; do your share, no matter how slight it may appear to you, in bringing about an era of social, racial, sexual purity.
304 S. 15th St.

Registration Area Vital Statistics—Preliminary statements given out by the Census Bureau. Washington, D. C., September 8, 1911.—Preliminary statements regarding the vital statistics of the United States have been submitted to Census Director Durand by Dr. Cressy L. Wilbur, chief statistician for vital statistics in the Bureau of the Census.

One of these is a comparative summary of the number of deaths from all causes per 1,000 population in the death registration states for 1900 and 1910. In California the rate per 1,000 population was 13.5 in 1910; in Colorado, 13.8 in 1910; in Connecticut, 15.6 in 1910 and 18.0 in 1900; in Indiana, 13.5 in 1910 and 14.2 in 1900; in Maine, 17.1 in both 1910 and 1900; in Maryland, 16.0 in 1910; in Massachusetts, 16.1 in 1910 and 18.3 in 1900; in Michigan, 14.1 in 1910 and 14.0 in 1900; in Minnesota, 10.9 in 1910; in Montana, 10.6 in 1910; in New Hampshire 17.3 in 1910 and 18.5 in 1900; in New Jersey 15.5 in 1910 and 17.8 in 1900; in New York 16.1 in 1910 and 18.2 in 1900; in Ohio 13.7 in 1910; in Pennsylvania 15.6 in 1910; in Rhode Island 17.1 in 1910 and 20.5 in 1900; in Utah 10.8 in 1910; in Vermont 16.0 in 1910 and 16.6 in 1900; in Washington 10.0 in 1910; and in Wisconsin 12.0 in 1910. Still births are excluded from the basic figures.

In 1900, California, Colorado, Maryland,

Minnesota, Montana, Ohio, Pennsylvania, Utah, Washington and Wisconsin were not included in the death registration area from which transcripts of all deaths are returned to the Census Bureau for statistical purposes, so that comparisons for these states cannot be made.

Another tabulation shows that there were 36,309 deaths from all forms of tuberculosis reported during the calendar year 1910 from the death registration area.

The estimated population of Continental United States on July 1, 1910, was 92,302,348, while that contained in the death registration area was 53,843,896, or 58.3 per cent of the grand total. On this basis there were 160.3 deaths from all forms of tuberculosis per 100,000 population in 1910.

In the death registration area in 1909 the number of deaths, by sex, from tuberculosis of lungs was 39,456 males, 30,584 females; tuberculosis of the larynx, 529 males, 275 females; tuberculosis meningitis, 2,448 males, 2,127 females; abdominal tuberculosis, 1,399 males, 1,642 females; Pott's disease, 435 males, 305 females; tuberculosis abscess, 42 males, 30 females; white swelling, 233 males, 146 females; tuberculosis of other organs, 516 males, 369 females; general tuberculosis, 611 males, 573 females; scrofula, 68 males, 47 females.

Denver Medical Times and Utah Medical Journal

VOLUME XXXI

DECEMBER, 1911

NUMBER 6

A CASE OF LUDWIG'S ANGINA.

FROST C. BUCHTEL, M.D.,
Denver, Colo.

The patient, a woman aged 60, with negative previous history, after dental work on a carious right lower second molar tooth, complained of pain and swelling in the right sub-maxillary region. For two days she was able to go to a physician's office for treatment.

The third day the sub-maxillary swelling had increased in size and the patient was unable to leave her home, chiefly on account of prostration. Consultation was secured and expectant treatment deemed safe; twelve hours later dysphagia and some dyspnoea, with great pain in the sub-maxillary and sub-mental regions necessitated a night call on the part of the attending physician. The next morning, Friday, July 14, 1911, at 6 o'clock I first saw the patient in consultation. She had passed a very uncomfortable night. There was a slight sub-maxillary swelling, half the size of a hen's egg. There was a brawny sub-mental induration, which did not extend below the hyoid bone. The floor of the mouth could be examined only with great difficulty, as the pain occasioned by opening the mouth was severe. The floor of the mouth, blue in color, was elevated to the level of the cutting edge of the lower teeth. The floor of the mouth was hard, elevated more on the right than on the left, and extended, horse shoe shape, around on the inside of the inferior maxilla. There was some swelling of the left side of the neck and of the lower part of the right side of the face. Temperature 100, pulse 130, respiration 35. The breathing was

labored, swallowing was difficult and questions were answered by members of her family, as speech was slow and difficult. The patient looked prostrated and sick. There was cyanosis of the finger nails.

No fluctuation was determined any place in the neck. The teeth were held slightly apart, and saliva ran from the mouth. The breath was of bad odor.

The patient was sent to the hospital very carefully and cautiously anesthetized with chloroform by Dr. Clifford. The neck was then freely incised, opening the right sub-maxillary and the sub-lingual regions up to the mucous membrane of the mouth. A hemostat was inserted in many directions and opened in situ without obtaining any pus. Some gas and necrotic material escaped. Large rubber drainage tubes were then inserted and sewed in place.

After being returned to her room the patient had a hard chill. I asked Dr. Morse to make an autogenous vaccine, and while waiting for the vaccine gave 30 cc. of streptolytic serum: 20 cc. the first day and 10 cc. the second.

The dyspnoea and dysphagia improved soon after the drainage, and the swelling under the jaw became smaller and softer, but the swelling of the right side of the face increased. I felt possibly the carious tooth might be partly responsible for this, so had it extracted on the third day. On the fourth day Dr. Morse gave the vaccine and I punctured the face in twelve places. The patient had a chill after this, and her temperature rose to 103.8,

the pulse became weak and the patient looked sick enough to die. The right side of the face was swollen greatly, so that the eye was entirely closed.

The fifth day, both eyes were swollen shut, and there was so much oedema—clear to middle of the forehead—that the eyes could be opened for treatment only after considerable massage. I could now detect fluctuation just over the facial artery on the right, and made a free incision and drained half of an ounce of pus. We used a Bier cup on the face, and on the neck incisions for forty-five minutes. The saliva flowed from her mouth constantly and was of dark brown color and very foul odor.

From this time convalescence was interrupted. The patient left the hospital on the fourteenth day, and was dressed and cupped every day at her home for about a week or ten days by Dr. Miller. Her breath now is just as it was before her illness.

LABORATORY NOTES BY DOCTOR G. W. MORSE.

Concerning the bacteriology of this disease, I have an article (*Annals of Surgery*) by Dr. John W. Price, Jr., of Louisville, Ky. Dr. Price, as the basis of the article, has five cases of his own and a comprehensive article by Dr. Thomas embracing 10 cases. I am interested especially in the infecting organism or organisms. In 18 cases studied by Dr. Thomas, reported bacteriologically, the following summary is reached: *Streptococcus* in 8; *staphylococcus* alone in 2 cases; *pneumococcus* and an undetermined bacillus each alone in one case. In 5 cases reported by Dr. Price the following bacteriology is reported: *Micrococcus salivarius* (Biondi) in two cases; mixed infection (*staphylococcus*, *M. salivarius*, *streptococcus*, *B. ferrugineum*, etc.) in three cases.

In the case reported by Dr. Buchtel an analysis of the discharge by examination of smears and by culture methods gives the following result: (1) A Gram-negative organism which looks like a very short bacil-

lus or diplobacillus. At times it might be confused with a coccus. It grows profusely on ordinary nutrient agar and on blood agar. The colonies are rather large, thick, dirty yellow colonies with smooth edges and moist, smooth surface. Tubes have a markedly offensive odor, which permeates incubator, and when it is opened, the room. This organism made up more than five-eighths of the organisms seen in smears; it was obtained in pure culture and a vaccine made.

(2) A Gram-positive bacillus, thin, with slight curve, slightly tapering toward ends, ends rounded. Cultures were dirty yellowish brown in color, larger than preceding colonies, and caused a brownish discoloration of agar, which finally extended throughout tube. Obtained in pure culture. Not used as a vaccine.

(3) Rather large, plump, oval, Gram positive cocci or diplococci. In dividing elongated so that it looks like an oval. Some tendency to occur in chains of from 4-6-8 organisms. Not isolated. Did not grow.

(4) Many small Gram-positive organisms which looked like *staphylococci*, but were not grouped like *staphylococci*, but occurred discretely throughout smears. Not isolated. Did not grow.

(5) A very moderate number of small Gram-positive *streptococci* with a large number of discretely occurring organisms which probably belonged to this group. Not isolated. Did not grow.

In making cultures and smears on applicator was thoroughly sterilized in flame and introduced deeply in wounds through rather large drainage tubes. Smears were made.

Cultures were made separately from each of the three drainage tubes. Four culture tubes were inoculated. At the first attempt, in each of three culture tubes there was a pure growth of the organism first described and from which the vaccine was made. In the other tube grew a single colony, which at first I thought was the same as the others, but later I found it to be the organism described as second. These were both vigorously growing organisms and seemed to grow at the expense of all the others seen in the smears. These others did not appear in the culture tubes. Had they been ordinary *staphylococci*, I think they would have done so. At a subsequent culture at-

tempt ordinary staphylococci outgrew everything else.

A vaccine was made. I did not know the organism and was puzzled as to what dose to give. The infection seemed desperate, and I feared to lose time by giving too small a dose. Selected 25 millions, which was administered about nine o'clock a. m. I saw the case between eight and nine in the evening of the same day. Reaction was very marked. Temperature had risen to over 103 degrees, as I remember, and patient had several severe chills, of which she complained bitterly, and profuse sweating. When observed she was sweating profusely—palms of hands were drenched with sweat, as was also the forehead. Her clothing had been changed and was wet. The infected area was dusky red and skin glazed from increased swelling. There was a sharp line of demarkation visible between the infected area and the tissues toward which the infection was spreading. In other

words there was marked clinical evidence of the negative phase. Temperature still high, though falling. Patient was sleeping.

The picture was not very reassuring. However, in the morning Dr. Buchtel reported case improved. By this time a free drainage of pus had been secured.

The case continued to improve and made a good recovery. No further inoculations were given.

The dose of the vaccine was too large, as the character of reaction showed, and had it been advisable to give another dose, not over five millions would have been given.

I have not had opportunity to identify these organisms isolated with those described in above articles. Both are still unknown to me. Both have a marked foul odor and one, at least, is very toxic and probably very virulent. I noted the foulness of the discharges in this case and in the cases described, and think that the organism isolated had a specificity toward this case.

PREVENTIVE MEDICINE, OR HYGIENE (HISTORICAL SKETCH).

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Self preservation is the most deeply implanted of all human instincts. Indeed it is not confined to the human family, but applies to all living things from man clear down to the lowest organism endowed with life. Everything that lives is striving for those things that make life fuller and more vigorous, and trying to avoid those things that weaken or stunt the body and tend to destroy life. Through the long ages from the first appearance of life upon the earth this struggle has been going on. The constant operation of the relentless forces of Nature has weeded out the weak and the unfit and has better prepared the stronger individuals of a species for a longer existence. By transmission of their acquired strength and characteristics, their descendants in succeeding generations became more highly developed, until the higher animals and finally man made their appearance upon the earth.

The right estimate of his relations to external nature has ever been to man a matter of difficulty and uncertainty. In the savage state of his infancy he feels himself so little in the presence of nature's vastness, so helpless in conflict with its resistless forces, so overawed by the spectacle of its serenely inexorable course, that he falls down in abject prostration before its various powers. The earth of a sudden heaves beneath his trembling feet and his shattered dwellings bury him in their ruins; the swelling waters overpass their accustomed boundaries and indifferently sweep away his property or his life; the furious hurricane ruthlessly destroys the labor of years; and famine or pestilence, regardless of his streaming eyes or piteous prayers, stalks in desolating march through a panic-stricken people. In the deep consciousness of his individual powerlessness he falls down in an agony of

*Lecture delivered before the Nurses Training School, Sept. 7, 1911.

terror and worships the causes of his sufferings; he defies the powers of nature, builds altars to propitiate the angry Neptune, and, by offering sacrifices of that which is most dear to him, even his own flesh and blood, hopes to mitigate the fury of Phoebus. Apollo and to stay the dreadful clang of his silver bow." "Everything appears supernatural when man knows nothing of the natural; palsied by fear, he cannot observe and investigate; himself he feels to be insignificant and helpless, while to nature he looks up with awe-struck apprehension as mysterious and almighty. Reflect on the fearful feelings which an apparent exception to the regular course of nature—the appearance of a comet, the occurrence of an earthquake or of an eclipse—even now produces in many uncultivated minds, or the superstitious dread which follows such unfamiliar event, and it will not be difficult to realize the extreme mental prostration of primitive mankind." (Maudsley, *Physiology of Mind*, page 1.)

"Through familiarity, however, consternation after a while subsides, and the spirit of inquiry follows upon that of reverence; the prostrate being rises from his knees to examine into the causes of events. Experience, sooner or later, reveals the uniformity with which they come to pass; he discovers more or less of the laws of their occurrence, and perceives that he can by applying his knowledge avoid much of the damage which he has hitherto suffered—that he can, by attending to their laws, even turn to his profit those once dreaded physical forces. Now it is that man begins to feel that he has a much higher position in nature than in his infancy he had imagined; for a time he looks upon himself as belonging to the same order as the things around him; and he emancipates himself in great part from the priests in whom he had hitherto believed as the sacred propitiators of the gods whom

his fears had fashioned." (Vide *Supra*.) As man's knowledge of the laws regulating the forces and phenomena of nature grows he becomes conscious, however dim at first this consciousness may be, that his health and physical well-being are conditioned on his knowledge of his environment or the causes that lead to disease. As soon as he became impressed with the fact that something could be done to prevent disease and suffering, he set about to solve the problem, and as it is a characteristic trait of humanity to suffer as little and enjoy as much as possible in passing through the world, there has naturally been an active demand for something to ease physical pain, soothe mental anguish and serve as a balm for wounded spirits. As such a demand as this could not long exist without efforts being made to satisfy it, there very early in the history of the race arose a class of persons who gave special attention to relieving human suffering. At first the functions of both priest and physician were performed by the same persons, but their efforts were very crude and so beclouded by superstition and ignorance that the wonder is, how any good could have been accomplished. But with all these defects their objects and aims were noble, and this high purpose, aided by man's eager thirst for knowledge and his determination to penetrate the secrets of nature, resulted in wonderful progress; indeed so great was this progress that medical science had reached a high degree of perfection in Egypt and other ancient monarchies more than 3,000 years before Christ. But while this is true it is not until we come down to the times of Greek civilization and learning that we have definite information as to the progress of preventive medicine. The Greeks were great admirers of grace, beauty and physical perfection, and under the stimulus of these motives or desires anything that promoted these

physical qualities received their support. One of the foundation builders of medical science was Aesculapius. He appears in Homer as an excellent physician of human origin, but in later legends becomes the god of the healing art. The accounts given of his genealogy are various. According to one story he was the son of Coronis and the Arcadian Ischys. Apollo, enraged by the infidelity of Coronis, caused her to be put to death by Diana, but spared the boy, who was afterward educated by Chiron. In the healing art Aesculapius soon surpassed his teacher, and succeeded so far as to raise the dead to life. This offended Pluto, who feared that his realm would not be sufficiently peopled; he therefore complained to Jove of the innovation, and Jove slew Aesculapius by a flash of lightning. After this he was raised to the rank of the gods by the gratitude of mankind, and was especially worshipped at Epidaurus, on the coast of Laconia, where a temple and grove were consecrated to him. From Epidaurus the worship of the healing god extended itself over the whole of Greece and even to Rome. According to Homer, Aesculapius left two sons, Machaon and Podalirios, who as physicians attended the Greek army. From them the race of the Aesclepiades descended. Hygeia, from whom the word hygiene is derived, Panacea, and Aegle are represented as his daughters. That hygienic principles were clearly understood is shown by the fact that temples to Aesculapius usually stood without the cities, in healthy situations, on hillsides, and near fountains. Patients that were cured of their ailments offered a cock or a goat to the god, and hung up a tablet in his temple, recording the name of the disease and the manner of cure. The statue of the god at Epidaurus, formed of gold and ivory by Thrasymedes, represented Aesculapius as seated on a throne, and holding in one hand a staff with a snake coiled around it, the other hand resting on the

head of a snake, a dog as emblem of watchfulness at the foot of the deity. Praxiteles and other sculptors represented the god as an ideal of manly beauty, and closely resembling Jupiter; with hair thrown up from the brow and falling in curls on each side. The upper part of the body was naked, and the lower was covered with a mantle falling in folds from the shoulders.

He had sometimes a laurel wreath on his head, and a cock or owl at his feet; or was attended by a dwarf figure named Telesphorus.

The Aesclepiadae or followers of Aesculapius inherited and kept the secrets of the healing art. The members of this caste or medical order were bound by an oath known as the Hippocratic Oath, not to divulge the secrets of their profession. One of the Aesclepiadae, the seventeenth or nineteenth in direct line of descent from Aesculapius, was destined to shed great lustre on his profession and became known as the Father of Medicine. I refer to Hippocrates, who was born on the island of Cos, B. C. 460, and died at Larissa, Thessaly, at the age of from 85 to 109 years, as variously stated by different authorities. He was the son of Heraculides, who was also a physician. His mother, Phaenaroete, was said to be descended from Hercules. Hippocrates was instructed in medicine by his father and Herodicus, and in philosophy by Gorgias of Leontini, celebrated Sophist, and Democritus of Abdera, whose cure from insanity he afterward effected. After travelling through Greece, he settled and practiced his profession at Cos. He became highly esteemed as a physician and author, and raised the medical school of Cos to a very high reputation. He was the first to discard superstition and to use inductive philosophy as the basis of medical practice. His works were studied and quoted by the celebrated philosopher, Plato. Hippocrates was a very voluminous writer and had clear and logical

views on sanitation and preventive medicine. He divides the causes of disease into two principal classes: the first, the influence of seasons, climates, water, situation, etc.; the second, more personal causes, as the food and exercise of the individual patient. His belief in the influence which different climates exert on the human constitution is very strongly expressed. He ascribes to this influence both the conformation of the body and the disposition of the mind, and hence accounts for the differences between the hardy Greek and the Asiatic. His treatment of diseases was cautious, now termed expectant; it consisted chiefly, often solely, in attention to diet and regimen; and he was sometimes reproached with letting his patients die by doing nothing to keep them alive. Hippocrates and his followers threw a flood of light on the symptomatology and treatment of disease and shed imperishable glory over ancient medicine.

In this connection I desire to call your attention to the fact that the Mosaic code, the most ancient on record, contains minute directions for cleanliness of the person, purification of the dwelling and the camp, selection of healthful and avoidance of unwholesome food (pork, for example, which in hot countries is more commonly found to harbor parasites than in temperate climates; and blood, which is the most putrescible part of the animal); seclusion of persons with contagious disorders, and various other points bearing on the physical well being of the Jewish nation.

The Roman people, poor and apparently rude as it was in its origin, yet found time among its military occupations, to construct the Cloaca Maxima as an indestructible and stupendous memorial of its attention to the drainage and sewerage of the city at a very early period of its history. At a later period aqueducts were made to cover miles and miles of the surrounding

plain; and their splendid ruins, still partly useful for their original purpose, attest the munificence and the abundance with which the first of sanitary requisites was supplied to the imperial city. Moreover we know enough of the construction of the private houses and public buildings of the Romans to see that they recognized the necessity for free ventilation and good drainage. When the *Archiatři Populares*, or state physicians, were first appointed in the Roman Empire is not known, but their mode of election is described in the Theodosian and Justinian codes. There were ten in the largest towns, one to each district or subdivision; seven in towns of the second order, and five in the smaller ones. They collectively formed a college, whose duty it was to attend to the public health. They may be regarded as the earliest type of our boards of health. Gradually, however, as Christianity spread, an utter misconception of its doctrine led to neglect of care of the human body. While the monks and friars devoted themselves to good works, feeding the hungry, clothing the naked, and instituting hospitals, they entertained no idea of the prevention of disease. They never attempted to impress on their followers the importance of drainage, ventilation, pure and abundant water, etc.; but when an epidemic arose, it was supposed to be a manifestation of God's special anger, and it would have been impossible to make them understand that it was the natural result of a prolonged disregard of the laws of nature. Scientific investigation gave place to superstition and religious fanaticism. Thwarting and subduing the natural instincts of the body was regarded as the only way to save the soul; hence, the fasts, penances, flagellations and other inflictions of bodily pain so universally prevalent during those long, gloomy and death-dealing centuries.

For nearly a thousand years a dark

pall of ignorance, bigotry and disease ruled the world. The most elementary principles of hygiene and correct living were entirely disregarded. The dwelling houses, schools and public buildings were inadequately lighted, heated and ventilated, and filth reigned supreme. The condition of the villages, towns and cities of the so-called civilized countries of Europe, was shockingly disgusting. Pedestrians on the streets of London, even in the 17th century, had to be on the lookout to avoid being inundated with slops and excrement thrown from the windows of the houses. As a result of this total disregard of sanitary laws, diseases of all kinds reigned supreme, and at frequent intervals plagues and pestilences swept over the world, destroying a large percentage of the population, some say as many as one-half of the whole people in the devastated countries. Through this long, dark night there still remained one star of hope, one beacon light to guide the benighted searcher after truth on his lonely way; the lamp of science lighted by the civilizations of the past still cast its flickering rays through the gloom, and the physician taking this for his guiding star and true to the nobler instincts of his high and beneficent calling, was slowly and painfully seeking for more knowledge and more effective means with which to fight the dread conditions by which he was surrounded.

By means of careful experiments and investigations on living animals, he laid the foundations of the sciences of anatomy, physiology and pathology, thereby securing a sure foundation on which to erect a stable sanitary structure, and his descendants are completing the work today by chasing the elusive disease germs into their most secret hiding places and finding remedies to destroy them.

During the last hundred years there has been a most wonderful develop-

ment of all the sciences, arts and industries throughout the whole civilized world, and I am proud to be able to say that SANITARY science has been keeping step with this progress and has become one of the most potent forces in our modern civilization. Such results as have been attained in checking the ravages of small-pox, the plague, yellow fever, and diphtheria, and reducing the enormous mortality that formerly followed surgical operations, as well as checking infant mortality and promoting healthful living, could only have been accomplished by well educated, zealous, industrious and self-sacrificing men—men who dared to face death and fight disease under its most dangerous and revolting forms. Hitherto the world has sung the praises and crowned with laurel wreaths the brows of the great generals, the great captains, the great destroyers of human life. It has greeted their successful careers of death, destruction and spoliation with vivas of applause, and for their daring and courage has inscribed their names high on the temple of fame. But I tell you, my friends, that the courage which enables men, surrounded by all the pomp and excitement of war, to rush into charges like Austerlitz, Waterloo, Gettysburg, Missionary Ridge or even San Juan Hill, pales before the courage which enables the physician or the nurse in the darkness of the night and the silence of death, to face the horrors of a plague infected city, a yellow fever camp or a cholera scourged district, in order to minister to the sufferings of the stricken ones. Let us now glance for a moment at some of the things that SANITARY science has done to help and save mankind in the last hundred years or so.

I believe that a mans or womans great ness or fame in the world should be estimated by the amount of good they have done or the service they have rendered to humanity, rather than by

the number of pages that have been written about them in books; by the suffering and disease they have prevented and the lives they have saved, rather than by the property they have destroyed, the peoples they have subjugated and the lives they have destroyed. Judged by such a criterion as this, the names of Alexander, Caesar and Napoleon sink into insignificance beside those of many of the life-saving heroes of modern times. At the head of this list of benefactors to humanity I would place (the name of) Edward Jenne, who by twenty years of careful, rigorous and painstaking scientific investigations discovered vaccination, the only preventive measure against smallpox. Jenner was born in Berkeley, Gloucestershire, England, May 17th, 1749. He was the third son of the Rev. Stephen Jenner, vicar of the parish, and rector of Rockhampton. On the completion of his scholastic education he was sent to Sodbury, near Bristol, to be instructed in the elements of pharmacy and surgery by Mr. Ludlow, an eminent surgeon of that place. On the expiration of his term he went to London in his 21st year to prosecute professional studies under the direction and instruction of the celebrated John Hunter, in whose family he resided for two years. Under Hunter's superintendence, he became an expert anatomist, a sound pathologist, a careful experimenter and a good naturalist.

"The influence of the master exerted a lasting effect on the pupil; and Hunter's letters, which Jenner carefully preserved, evince affectionate feeling and community of tastes. On leaving London Jenner settled at Berkeley, where his sound professional knowledge and kindly disposition soon brought a large practice." "The discovery of the prophylactic power of vaccination, by which the name of Jenner has become immortalized, was the result of a prolonged series of observations and experiments. His attention

while yet a youth, was forcibly attracted to the nature of the cow-pox in the following manner. He was pursuing his professional education in the house of his master at Sodbury, when a young countrywoman came to seek advice. The subject of smallpox being mentioned in her presence she observed: 'I cannot take that disease, for I have had cow-pox.' This was before 1770. It was not till 1775 that, after his return to Gloucestershire, he had an opportunity of examining into the truth of the traditions respecting cow-pox; and it was five years later that he began to see his way clearly to the great discovery that was in store for him." "Many investigations regarding the different varieties of cow-pox, etc., delayed the actual discovery 16 years, when at length the crowning experiment was made on James Phipps, May 14, 1796, and Jenner's task was ment was followed by many of the same kind; and in 1798 he published his first memoir, 'AN INQUIRY INTO THE CAUSES AND EFFECTS OF VARIOLAE VACCINAE.' Although virtually accomplished. This experience the evidence accumulated by Jenner seemed conclusive, yet the practice met violent opposition until a year had passed, when more than 70 of the principal physicians and surgeons in London signed a declaration of their entire confidence in it. His discovery was soon promulgated throughout the civilized world. Honors were conferred on him by foreign courts, and he was elected an honorary member of nearly all the learned societies of Europe. Parliament voted him in 1802, a grant of 10,000 pounds, and in 1807 a second grant of 20,000 pounds; and in the year 1858, a public statue in his honor was erected in the metropolis. His latter days were passed chiefly at Berkeley and Cheltenham, and were occupied in the dissemination and elucidation of his great discovery. Jenner was noted for the benevolence of his disposition,

which seems even more than his scientific enthusiasm to have urged him onward to his beneficent discovery. He died of apoplexy at Berkeley, Jan. 26, 1823." In estimating the real worth or excellence of men by our rule of the service rendered to or the benefits conferred upon humanity, the name of Edward Jenner stands very high or at the top in the temple of fame. Before his great discovery of vaccination, smallpox swept like a destroying angel over the world, claiming as its victims nearly one-half of the population in some epidemics. It not only destroyed millions of lives, spread terror and panic among all peoples, but it also disfigured for life those whom it did not destroy. We who live under the benign influences or immunity conferred by vaccination can scarcely realize that such ravages were caused by smallpox as are described by Macauley, who tells us that at one time hardly a person could be found in London not disfigured or marked by the dread disease.

Let us now note some of the other most important discoveries in sanitary science during the 18th and 19th centuries. Sir George Baker discovered that cider stored in leaden vessels produced lead poisoning. John Howard, the great philanthropist who traveled all over Europe, visiting prisons, workhouses and other habitations, showed how foul air, overcrowding and unhealthful surroundings affected the inmates of these places, and his expose of the conditions found, set on foot an agitation that resulted in much good. Captain James Cook in his celebrated voyages around the world, showed that scurvy which formerly caused great ravages, especially among seamen, is a preventable disease and is caused by improper diet; particularly the lack of fresh vegetables. This defect was corrected by shipping vegetables, where possible, and taking a large supply of lemons, which contain a vegetable acid; and the result was that scurvy has

been almost entirely eradicated and become a thing of the past. Dr. Southwood Smith and the sanitary committee demonstrated that the accumulation of filth about premises, the absence of sewers and the consequent pollution of water supplies, insufficient air supply and overcrowding, were the most potent death-dealing agents as affecting the health of towns. Dr. Edwin Chadwick organized the first board of health in England. Dr. Wm. Farr, Registrar General of England, secured the registration of the cause of death in the health reports, and furnished the foundation for modern life insurance. Dr. E. A. Parks demonstrated the evil effects of imperfect drainage and the accumulation of filth upon the public health, and was instrumental in securing the passage of laws from 1848 to 1857 to correct these evils. Dr. John Simon of London and his able corps of inspectors made elaborate studies as to the material causes of disease, and secured legislation to help stamp them out. Dr. C. A. Louis of Paris differentiated typhoid and typhus fevers. Dr. Wm. Gerhard of Philadelphia made similar studies; the results of these investigations being that these much dreaded diseases were much better understood and their treatment placed on a more rational basis. Drs. Bewditch of Boston and Buchanan, of London showed the influence of the dampness of the soil on the prevalence of consumption. Dr. Louis Pasteur investigated the causes of fermentation and the etilogic or causative relation of micro-organisms to disease. His work gave a wonderful impetus to investigations along this line, and led Lister to study the causes of septic infection or blood poisoning of wounds and following surgical operations. Lister advocated the use of antiseptics during operations, and so favorable were his results that his methods were adopted and modified by all the leading surgeons of the world; until today our

modern aseptic surgery has been evolved, and operations that fifty or even twenty-five years ago would have meant almost certain death, are being performed with scarcely any mortality. Our own genial Dr. Oliver Wendell

Holmes first demonstrated that puerperal fever is caused by outside infection, and the result of his teaching has led to the saving of the lives of thousands of mothers all over the civilized world.

A FATAL CASE OF INFANTILE SCURVY FOLLOWING A DIET CONFINED ALMOST EXCLUSIVELY TO "GRAPE NUTS."

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In determining the factors responsible for the diminished capacity of certain school children, the pediatricist, the general practitioner and the observing teacher alike are daily impressed with the tremendous importance of a proper dietary.

The evils of our complex social system are nowhere more apparent than in the general indifference of parents toward problems, not only of nutrition and growth, but of all questions concerned in the conservation of child life.

Inquiry on the part of both medical inspectors and settlement workers in our large cities reveals the disheartening fact that thousands of children habitually go hungry to school. It is estimated that one-third of all the children of Edinburgh are ill-nourished and that in certain districts of London, ninety per cent are underfed. Sill, in his exhaustive study of conditions in New York, placed the number of children suffering from malnutrition at 222,000. All of these investigators agree, however, that this is in no sense due to wilful cruelty on the part of parents, but rather to a total ignorance of food values.

The astounding claims made for their products by manufacturers of so-called breakfast foods, are, I am convinced, responsible for no small proportion of these far-reaching errors in the dietetics of childhood. It is so much

easier to send to the little shop around the corner for Somebody's Glorified Grain, ready for immediate consumption, than to prepare an old fashioned breakfast of ham and eggs. The youngsters are bundled off to school on a breakfast representing less than half the caloric value required for this active period of life, and the continuance of the practice furnishes us with our increasing class of anemic, undeveloped, underfed children.

Von Noorden has shown that the activity of the digestive organs is lowered during starvation; the gastric and pancreatic juices are elaborated sparingly, and persons on a restricted or improper diet do not crave, as one would suppose, nourishing food.

In view of the extra energy required by the young to provide for growth, study and play, school boards everywhere, recognizing the deficiencies in the feeding of children, are providing at public expense wholesome meals for pupils in certain grades. The question may certainly be regarded, as Caroline Hunt says in a recent report to the U. S. Bureau of Education, as an educational one.

In his stirring book, "Poverty," published in 1904, Robert Hunter expresses the belief that "few realize the powerful effect on life of adequate, nutritious food; few even think of how much it is responsible for our physical and mental advancement or what a

force it has been in founding our civilization."

It is only reasonable to suppose that where such bizarre ideas exist in connection with the nutrition of children of the run-about age, similar errors will appear in the alimentation of infants. What practitioner has not witnessed the utter helplessness of the young mother when one or more of the hundred exigencies that combine to make nursing a rare process, forces her to adopt artificial feeding for her baby?

The following case, referred by Dr. Bancroft, is quoted as an example of this common ignorance, not only among the illiterate but the intelligent:

Baby H., age 2, white, born in Colorado, youngest of 3 children, the others being in good health. The father is a prosperous farmer, and both he and his wife are in excellent health. The baby was breast-fed for 9 months and thrived. After weaning, however, it failed rapidly: milk seemed to disagree with it, and after trying one proprietary food after another, grape nuts was selected and persisted in until medical assistance was called for.

The mother stated that the cereal was first powdered, then mixed with a little sugar, and a small amount of milk added. Water was given freely.

In a few months symptoms pointing to rickets developed, but the diet continued unchanged.

On examination, January 6, 1911, a startling picture of infantile scurvy was presented. The child weighed twelve pounds, or three pounds more than at birth; there were profuse seropurulent discharges from both ears, both conjunctivae and from the vagina, that from the latter being so irritating as to excoriate the skin of the thighs almost to the knees. The entire body showed subcutaneous hemorrhages varying in size from one to five centimeters in diameter; the joints were swollen and exquisitely painful; the gums were spongy and bled easily.

There was a diffuse bronchitis, the pulse was small and the heart sounds faint; anemia, pronounced; edema of face, hands and feet; temperature, 97 degrees.

The patient was sent to the Children's Hospital and anti-scorbutics exhibited, but no response was made to stimulants and the child died of exhaustion in 48 hours.

An analysis of grape nuts, kindly furnished me by the Bureau of Chemistry, Department of Agriculture, shows it to contain:

Fat, 0.63 per cent.

Protein, 11.50 per cent.

Carbohydrates, 74.23 per cent.

The child therefore took the equivalent of several slices of bread daily, plus an uncertain and always varying quantity of milk and sugar.

SYPHILIS IN RELATION TO OBSTETRICS*

A Preliminary Consideration, with the Report of Sixteen Cases.

AGNES DITSON, M.D.,

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A child is born by no act or desire of its own, and must then meet the vicissitudes of life with such qualifications as may chance to be its endowment. Congenital endowment is de-

pendent upon heredity and prenatal environment.

The manner of the inheritance of ancestral conditions of mind and body has been perhaps as great a riddle as

*Read before the Medical Society of the City and County of Denver, May 16, 1911.

is life itself. But there have been many careful observers and students of the manifestations of heredity whose conclusions may be of value to us, especially if they bear any relation to the heredity of defect or disease. Pre-natal environment, however, is more readily studied and controlled.

It has long been a matter of grave sociologic concern that a child may be born so endowed with defect or disease, that it is a mental or physical cripple and a factor of social illness.

An investigation which offers a possibility of evolving knowledge which may help to enable us to prevent or control this factor of social illness is worthy.

In view of this possibility, a series of investigations have been planned, covering the laws of heredity and pre-natal environment in reference to mental defect, physical deformity, and infectious diseases, such as syphilis and tuberculosis.

Present excellent laboratory and other facilities for observation and investigation afford great possibilities, and it is hoped that many will co-operate in gathering data and furnishing conclusions pertaining to the various phases of this subject.

My attention has been directed to maternal and congenital syphilis. During the past three years I have seen thirty-one obstetric cases which I believe were complicated by this disease. But during part of this time my knowledge and means of diagnosis were greatly limited, and I therefore present but sixteen selected cases in which the data are complete and the diagnosis indisputable.

The diagnosis was confirmed by Wassermann reaction in seven cases. The remaining nine were not available for this test; but of these one volunteered and one admitted a previous diagnosis; in two a positive history was obtained from the husband; three gave birth to characteristic stillborn babies, and in

the remaining two cases the babies died after exhibiting multiple manifestations of the disease. All but two cases were apparently unconscious of their infection.

One case developed secondary syphilides during pregnancy, and two during the puerperium. In only these three cases had there been known or did there develop lesions of the skin or mucous membrane. This is a matter of great importance. If thirteen out of sixteen pregnant women can give us no indication of an existing syphilitic infection, it means that thirteen babies must endure their disease throughout their pre-natal existence, unaided. And even when confronted by the stillbirth, the early death or the crippled existence of these children, how many of us make the diagnosis or have the courage to announce it?

The child is often surreptitiously treated for a time, but the mother is often allowed to endure her disease and to inflict it upon succeeding offspring, until it abates or results in a frank tertiary syphilis. This may be thought to be a rare occurrence, but it has been frequent enough to evoke from syphilographers the sad commentary, that "repeated miscarriages and the birth of children that promptly die may constitute the only early symptoms."

The question then arises: If these syphilitic gravida do not show the ordinary manifestations of syphilis, do they show any abnormality which may lead to a serum diagnosis?

Apparently they do; for not one of the sixteen cases had a normal pregnancy.

Sixteen suffered unusual malaise.

Sixteen presented a peculiar greyish pallor—the "milk and coffee" color.

Fifteen were anemic.

Twelve had headache.

Eleven had stomach and bowel disturbances: epigastric pain, excessive nausea and vomiting, hematemesis, intestinal tenderness or diarrhoea.

Nine had uterine pain, it being in some cases constant and severe.

Five had bloody vaginal discharges or hemorrhages.

Five had edema, one case being severe.

Two fainted repeatedly.

Only two cases had the time-worn diagnostic sign—repeated miscarriages.

The constitutional symptoms present a picture of toxemia; and the frequent association of epigastric pain, headache, anemia and edema leads to the expectation of albuminuria, which is not present and does not appear, and if the usual treatment of pre-eclamptic toxemia is instituted, the results are not gratifying.

In reference to the toxemia of syphilis in women, Keyes makes the following statements: "In women the onset of the disease is by no means characteristic. The chance is so slight a lesion that it may very well be overlooked by the patient, and she may fancy herself entirely well until, two or three months after infection, she begins to feel run down. She may have enough fever to fancy that she has malaria,* or she may be treated for an imaginary typhoid; or she may suffer from frightful pains in her bones or in her head, these pains coming on in the evening and being much worse at night than during the day. A short while after the beginning of this outbreak of general toxemia, she may show lesions of skin and mucous membrane quite as characteristic as those found in the male. But in a certain proportion of cases these objective evidences are so faint as to be overlooked, and consequently she does not present an unmistakable picture of the disease. In such cases repeated miscarriages, or the birth of children that promptly die, may constitute the only early symptoms.

"If the diagnosis is not made, her symptoms may gradually abate, and it may be years before a tertiary out-

break proves that she has syphilis. Or she may go on to have some characteristic lesion within a few weeks or months."

It appears then from these statements, that women are more prone to the toxemic phases of the disease, and the probabilities are that the natural tendency to toxemia during pregnancy tends to pronounce the toxemia of an existing syphilis, rather than the skin lesions—though if lesions do appear they are likely to be about the genitals, and are more severe and less amenable to treatment because of the congestion of these parts during pregnancy.

If the diagnosis is not suggested during pregnancy, may it be suggested by abnormalities during labor or puerperium?

Only one case had a normal labor and puerperium.

Fourteen had abnormal uterine contractions, consisting of inertia uteri or tonic contractions in eleven cases; rapid spasmodic, abnormally painful contractions in six cases, three of these going on to retraction; spasmodic contraction of the cervix in three cases.

Four had post-partum hemorrhage—hypertrophied decidua being found in the cases examined.

One had eclampsia.

One had a dilated heart during labor.

During the puerperium: Sixteen were anemic.

Fifteen had secondary hemorrhages, varying from constant dribblings to severe losses every two or three or six or eight weeks.

Breast milk was not secreted in three cases, failed at the end of one week in eight cases, was insufficient in three cases and normal in two cases.

Eight cases had lacerations.

Eight of these had excessive scar tissue resembling keloid tissue.

In two union failed.

Seven had foul discharges.

*One of the present writer's cases had been treated for malaria.

TABULATED DATA
of
Sixteen Cases of Maternal and Fetal Syphilis *

	Pregnancy															
Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
History	X	0	0	0	0	0	0	0	0	0	X	0	0	0	0	0
History Husband	?	?	?	X	?	X	?	?	X	?	?	?	?	?	?	?
Miscarriages	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Stillbirths	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Gastro-intestinal symptoms	0	0	X	X	X	X	0	X	X	X	X	0	X	X	X	0
Loss of weight	0	0	0	0	0	X	0	X	X	X	X	0	X	X	X	0
Malaise	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Anemia	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Grayish pallor	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Headache	X	X	X	X	0	X	X	X	X	X	X	X	X	0	0	0
Albuminuria	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Eclampsia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Uterine pain	0	0	X	0	X	0	0	X	X	X	X	0	0	X	X	X
Hemorrhage	0	0	0	0	0	0	0	X	0	0	0	X	0	X	X	X
Edema	0	0	0	X	X	0	0	0	0	0	X	0	X	0	X	0
Fainting	0	0	0	0	0	0	0	X	0	0	0	0	0	0	0	X
Paralysis	0	0	0	0	0	0	0	0	0	X	0	0	0	0	0	0
Vaginal discharge	?	X	X	X	?	?	0	X	0	0	X	?	X	X	X	0

	Labor															
Abnormal uterine contractions	X	X	X	X	X	X	X	X	X	X	0	X	X	X	0	X
Painful	X	X	X	0	X	0	X	X	X	X	0	0	X	X	0	0
Spasmodic	0	X	0	0	X	0	0	0	0	0	0	0	0	0	0	0
Spasmodic contraction of cervix	0	0	X	0	0	0	0	X	0	0	0	0	0	0	0	0
Retraction of uterus	0	0	0	0	X	0	0	0	0	0	0	0	X	0	0	X
Inertia uteri or tonic contraction	X	0	X	X	X	X	X	0	X	0	X	0	X	0	0	X
Hemorrhage	X	0	0	0	0	0	0	X	0	0	0	0	0	X	0	0
Eclampsia	0	0	0	X	0	0	0	0	0	0	0	0	0	0	0	0
Hypertrophied decidua	?	?	?	X	?	?	X	?	?	?	?	?	?	X	?	?
Blindness and fainting	0	0	0	0	0	X	0	0	0	0	0	0	0	0	0	0
Wasserman reaction	?	?	?	?	?	?	?	+	+	+	+	?	?	?	+	+

	Puerperium															
Anemia	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hemorrhage	X	X	X	X	X	X	X	X	X	X	X	X	X	X	0	X
Fever	X	X	0	X	0	0	X	0	0	0	0	X	0	X	0	0
Foul lochia	X	0	0	X	0	0	0	X	0	0	0	X	X	X	0	0
Pelvic pain	X	0	0	0	0	0	X	X	0	0	X	0	X	X	0	0
Lacerations	0	X	X	X	X	0	X	X	0	X	0	0	0	X	0	0
Scar tissue excessive		X	X	X	X		X	X		X						
No union of tears					X		X									
Breast secretion good															X	X
" " fair	X						X									
" " none							X	X								
Lesions	X	0	0	0	0	0	0	X	0	0	0	0	X	0	0	0
Headache	X	X	X	0	0	0	X	X	X	0	X	0	X	0	0	0
Gastro-intestinal symptoms	?	?	X	0	?	?	X	X	X	X	0	0	0	0	0	0
Paralysis	0	0	0	0	0	0	0	0	0	0	0	0	0	X	0	0
Phlegmasia alba dolens	0	0	0	0	0	0	0	0	0	0	0	X	0	0	0	0

	Nabien															
Hoarseness	X	X	X	X			0	X	0	0	X			X	0	0
Coryza	X	X	X	X			X	X	X	X				X	X	X
Conjunctivitis	X	X	X	0			X	X	0	X	X			X	X	X
Skin lesions	X	X	X	X			0	0	X	X	0			0	0	0
Skin blue	X	X	X	X			0	X	X	X	X			X	X	X
Skin color "milk and coffee"	X	X	X	X			X	X	X	X	X			X	0	0
Skin color yellow	0	0	0	0			X	0	0	0	X			0	0	X
Digestion good		X	X				X									X
" fair	X															
" poor							X	X	X	X				X	X	X
Excessive crying	X	X	X	X			0	X	0	X	X			X	X	0
Melena	0	0	0	0			X	0	0	0	0			0	0	0
Stillborn						X	X						X	X		
Died	X	X	X	X				X		X	X			X		
Living															X	X
Prematurely born																X

* X = present; 0 = absent; ? = not noted; + = positive.

Six had fever.

Five had pelvic pain.

Three developed skin lesions.

The effects of syphilis during labor and puerperium are due to a decidual endometritis or to a metritis.

Of the sixteen babies, four are now living.

Four were stillborn; eight died within four or six weeks.

Twelve had coryza.

Ten had mild conjunctivitis.

Eight had gastrointestinal disturbances.

Seven were thin.

Nine cried excessively.

Six had skin lesions.

All showed more or less blueness or pallor; one was jaundiced.

One lived through a severe melena.

No definite conclusions should be drawn from this small number of cases. But we believe that they afford suggestions which warrant an investigations of the relation of syphilis to obstetrics.

Case 3.—Had severe epigastric pain, hyperacidity, and slight hematemesis during pregnancy, and about four weeks after delivery suddenly developed a violent hemorrhage from the stomach.

Case 4.—Was curetted and repaired two months after delivery with good results, except scar tissue again formed. She became pregnant soon after operation, and gave birth without complications to a well nourished baby which is apparently well except for a mild coryza and hoarseness, which are gradually disappearing. The mother was on treatment throughout this pregnancy, and the mother and baby are still on treatment.

Case 7.—Was delivered with forceps after a protracted labor, because of inertia, progress stopping with the head distending the vulva. She had a profuse post-partum hemorrhage. The placenta was apparently entire and unbroken, but a handful or more of loose debris was removed from the placental site, before the hemorrhage could be controlled. The patient had a low grade

of fever, 101 degrees, the following day, which continued irregularly for seven days. She had violent headaches, not especially worse at night. On getting up the tenth day she suffered much malaise and pelvic pain. The uterus was large and discharged great quantities of necrotic material. Irrigations relieved temporarily. Five weeks after delivery she consented to curettment. This was done carefully, but the placental site was found very soft and necrotic, and the curet perforated the uterus. Curettment was completed after this accident occurred, the uterus sponged clean, and swabbed out with iodine and alcohol. The perineum was repaired. A Wassermann test was made the following day, and the report was positive. The patient was put on specific treatment and made a rapid recovery, suffering no ill results from the perforation beyond nausea and a dragging sensation from an adhesion.

The baby of this mother showed blood under the skin, in the urine, in the bowel movements, in the vomitus, and became almost exsanguinated by oozing from the navel when the cord detached. The child revived under stimulation, and in the course of a week was no longer bleeding.

Case 10.—Said it "did not agree with her to get married," because she became thin and sickly about two months after marriage, and had not been well since. She had a left hemiplegia one year after marriage. She did not become pregnant until two years after marriage.

Case 11.—Had severe nausea and vomiting, with jaundice. During the eighth month the symptoms became much better, and induction of labor, which had been contemplated, was deferred. During the last two weeks she became much worse, rapidly became weak and cyanotic, and was with great difficulty carried through labor alive.

Case 13.—Had a breech presentation. The contractions were tonic from the onset of labor. The child, a female, died during labor, and its intestines were found presenting in the cervix, when three fingers dilated, having been pushed out through its vagina. The uterus would not relax under chloroform, and it was with great difficulty that the legs were brought down. The cervix then grasped the neck sufficiently tight to wrinkle it, and it was necessary to de-

liver the head with forceps. The cervix was deeply torn, and was repaired immediately with good results.

Case 14.—Had extensive pelvic adhesions, leaving the pelvic viscera a thick, adherent mass. The condition was very painful, for ten days, but improved rapidly after a few injections of grey oil.

Case 15.—First pregnancy: Fetus died in the third month following an accident; was retained for five months and then curetted away. During this time there was progressive loss of weight, jaundice and malaise. Two more abortions occurred, both being followed by jaundice. The patient was treated by various physicians for various complaints, and finally sent to West Baden, where she improved, but never recovered her former health. During her fourth pregnancy she was under the care of her physician every few days for many ailments. Bleeding occurred at intervals from the third to the eighth month. Fainting occurred several times a day. Edema became extreme. Uterine pain was complained of. All the symptoms except the uterine pain abated at the end of the eighth month, and labor and puerperium were normal.

The baby was well nourished, and respiration was immediately and well estab-

lished, but there was some blueness that did not disappear. The child was apparently normal except for the blueness until after leaving the hospital. A few days later I was called and was told that the baby had taken cold in coming home from the hospital, and that it was screaming incessantly. I found the child evidently in great pain. It had a mild coryza, intestinal irritation and bloody stools. It was tender to movement of the extremities. (This had been noticed by the mother in changing the napkins.) After relieving the symptoms, I requested a blood examination and was refused. I was also discharged. The baby grew worse again and another physician was called, who did better than I in relieving the symptoms. The child seemed to grow healthy and fat, but cried a great deal and seemed to be suffering pain. I was called again but refused to prescribe without a blood test. It was granted. The serum was Wassermann positive.

The condition was explained and, after a period of hysteria, the patient consulted or said she consulted some other physician or physicians, whom she said told her they "did not think much of it." She refused treatment and also refused to have another test made in the city to which she was going. I was again discharged, and this ended my knowledge of the case.

MEDICAL PROGRESS

The Male Menopause. According to Kurt Mendel (quoted in *Progressive Medicine*), the usual period for this condition is between 50 and 54 years. The subject "experiences a condition of anxiety and unrest; he does not seem to be able to accomplish his desires; he feels generally weak, and a tendency to weeping becomes manifest." Other symptoms are cerebral congestion, heart, palpitation, headache, vertigo, sleeplessness, mental depression, failure of memory and attention and impairment of sexual desire and power. The disturbance lasts from ten months to four years, and the prognosis is good.

Treatment of Baldness. Gotthell (*Progressive Medicine*) has used for many years a solution of resorcin (1 to 4 drams), glycerin ($\frac{1}{2}$ dram), tinctures of capsicum

and cantharides (of each, 1 dram to 1 ounce) in enough cologne water to make 8 fluidounces. This should be rubbed thoroughly into the scalp for months and months, by means of a brush in the hands of a second person.

The Varying Action of Poisons on Animals.—According to Dr. Kaupp, pathologist of the Colorado Experiment Station, $\frac{1}{4}$ grain of strychnin is the average medicinal dose for the farmyard fowl, and it is not uncommon to give an ordinary fowl a grain of this substance at a single dose. On the other hand, strychnin is very toxic to dogs and cats. Morphin produces almost no effect upon the dog (Dr. Palmer having given 25 grains to an average-sized dog without causing death), and it does not sedate but excites the horse and the cat. (*Am. Jour. Clin. Med.*)

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Subscriptions, \$1.00 per year, in advance.

Single Copies, 20 cents

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633 Metropolitan Building, Denver, Colo.

Our scale of prices for REPRINTS about covers actual cost. Those requiring reprints of published matter must order at the time of revising their proofs; price list for reprints on application to Business Office.

Entered at the Postoffice at Denver, Colorado, as mail matter of the Second Class.

Business Office Telephone, Main 5035

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CONTEMPORANEOUS PERIODIC MEDICAL LITERATURE.

Medical treatises and text-books, however important and necessary, are in the nature of things more or less fossilized. The real circulating life blood of medical progress is in the periodic publications of the day. Polk's Medical Register and Directory for 1910 lists 219 medical journals in the United States, the great majority being of the independent type, unassociated officially with medical colleges or societies. Of institutional publications, the Bulletin of the Johns Hopkins Hospital easily takes first rank.

As a quarterly publication Lea and Febiger's Progressive Medicine furnishes an excellent resume of advances and discoveries in the various departments of medicine and surgery. Lippincott's International Clinics follows a different line of instruction, by means of lectures and specially prepared articles upon all sorts of medical and surgical subjects. Dr. Hughes' altogether original Alienist and Neurologist is a

long established and highly esteemed quarterly.

The great weekly medical journals of this country, all of which are invaluable to the general practitioner, are the Medical Record, the New York Medical Journal, the Cincinnati Lancet-Clinic (now in its 106th volume) and the Journal of the American Medical Association. England is best represented here by the London Lancet; France, by Le Progres Medical; and Germany, by the Berliner Klinische Wochenschrift. There is one good bi-monthly medical publication (Physiologic Therapeutics), and two excellent semi-monthlies (Medical Fortnightly and the Virginia Medical Semi-Monthly). A decade or so ago an attempt was made in New York to publish a medical daily, but this soon fell through.

The medical monthlies probably come closer to the hearts (if not the brains) of physicians and surgeons who aim to keep up with the times, and here the greatest original variations of type

are to be observed. Among the strongest of these monthlies in every sense are the Medical World, Medical Council, Medical Brief, Medical Sentinel, Medical Herald, Cleveland Medical Journal, Interstate Medical Journal, the Hahnemannian Monthly, New Orleans Medical and Surgical Journal, American Medicine, St. Paul Medical Journal, Indianapolis Medical Journal, Pacific Medical Journal, Long Island Medical Journal, Eclectic Medical Journal and Eclectic Medical Gleaner, the Post-Graduate, the Therapeutic Gazette, Archives of Pediatrics, the Southern Medical Journal, and the Dietetic and Hygienic Gazette. Surgery and Obstetrics are splendidly represented by the Annals of Surgery, Surgery, Gynecology and Obstetrics, American Journal of Obstetrics, the American Journal of Surgery and the International Journal of Surgery. German-American readers have long been able to read of medical matters in their native language in the New Yorker Medizinische Monatschrift. Sajous' Monthly Cyclopedia and Medical Bulletin is in a class by itself, of superior merit. As an all around aid and comfort to the working physician the American Journal of Clinical Medicine is without a peer. With apologies to the editor of the Critic and Guide, we may say that for candor and originality he is the Elbert Hubbard among American medical editors.

The state medical association journals are gaining wisdom and sobriety with increasing age. A few years ago, when some of them were barely out of the shell, they loudly clamored that their independent elder brethren should get off the earth, and advocated the boycott and other unlawful methods for achieving the desired result. Such action on their part was unwise as well as unkind, since even granting (what is inconceivable) that all the members of the state association are in favor of such extermination of independence in

medical journalism, the fact is that in every state probably the nominal membership of the state society is a minority of the total number of regularly licensed practitioners in the state, and the actual attendance at the yearly meetings for the reading and discussion of the papers which fill up the association journals is only from one-twentieth to one-tenth of this total. Ethical advertisers, moreover, naturally prefer a tub which stands on its own bottom, with real subscribers, to any organ with a circulation practically limited to a membership list of willy-nilly recipients, who are taxed pro rata for its maintenance.

Your editor of an association journal is a man with many masters, and he has a hard row to hoe. If he says one thing, Thomas will be aggrieved; if another, Richard will be offended; and even Henry has been known to be affronted by some poor editor. Is it any wonder then that ye state organ editor soon learns to take the easiest way, to write only such noncommittal and perfunctory lucubrations as might be expressed by the following lines?

The grass is green; the sky is blue.
We trust that we agree with you.

Nor is it strange that frequent change is the order of the day in the editorial management of association journals. When we survey the long line of able editors who have presided over Colorado Medicine during the past eight years, we are again impressed with the transitory nature of mundane glory.

Of the two or three dozen state association journals extant, we are pleased to note that Colorado Medicine is one of the best. Others worthy of special mention are the California State Journal of Medicine, the Journal of the Indiana State Medical Association, the New York State Journal of Medicine and the Western Medical Review,

though we observe that the Wyoming section of the last mentioned Nebraska organ continues to be edited apparently by a pair of scissors.

MEDICAL MISNOMERS.

Terms exemplifying former erroneous conceptions as to anatomy, symptomatology, diseases and remedies are still preserved and employed by doctors as well as laymen. Glancing through an old etymologic medical dictionary (Hoblyn's, edition 1854), we have gleaned the following examples of such etymologic fossils:

An artery is literally an air vessel, and was so called on account of its being found empty after death. The carotids (from a Greek word meaning to induce sleep) were so named because it was thought that tying them would produce coma. The sacrum was formerly offered in sacrifices; hence, sacred.

Heartburn has nothing to do with the heart. Nausea (from Greek, *naus*, a ship) means literally sea-sickness, and indicates the maritime habits of the old Grecians. Nystagmus is from a Greek work signifying to be sleepy.

Malaria, (from Italian, *mala aria*, bad air) now known to be due to Laveran's Plasmodium transmitted through the bodies of the female Anopheles, was for ages attributed to the miasmatic vapors from swamps. Influenza is the Italian rendering of influence (of stars or atmosphere). Acne is a corruption of the Greek *acme*, so named from its prevalent appearance during youth or

at the acme of the system. Alopecia comes from the Greek name of fox. Cachexia (Greek) is literally a bad habit, and gonorrhea is literally and erroneously a flow of semen. Gout is a term derived from the French *goutte*, a drop (Latin, *gutta*), from the old notion of its being produced by a morbid drop. Rheumatism (literally, a flow) also recalls the old humoral theory of disease. Hysteria (from the Greek word, *hystera*, the womb), has nothing necessarily to do with the womb, and occurs in men. Psoriasis (from Greek, *psora*, the itch) was confounded in the past with scabies and leprosy. Tinea is literally a moth-worm.

Carminative comes from the Latin, *carmen*, meaning a verse or charm. Copperas contains no copper, but is ferrous sulphate. Belladonna is from the two words, *bella donna*, beautiful woman, Italian ladies having formerly used the juice of the berries as a cosmetic to make their faces pale and interesting. Salicylic acid (from Latin, *salix*, the willow) is made nowadays from oil of wintergreen or coal-tar by-products. Modern green soap (*sapo mollis*) is brown in color, the former green color having been due to the chlorophyll of impure vegetable oils or to added indigo. Calomel was so called by Sir Theodore de Mayenne because he considered it a good (*kalos*) remedy for the black (*melas*) bile. Red gum is said by Dr. Willan to be a corruption of the term red gown, its variegated spots of red on a pale ground resembling a piece of red printed cloth.

PERSONALS

Dr. J. F. Willard, of Colorado City, has gone to Los Angeles.

Dr. N. K. Morris has gone to California to recuperate his health.

Dr. Lawrence Patterson has taken offices at 317-318 Wyoming Building.

Dr. C. R. Hubbell of La Junta, is visiting in Wichita, Kan., for a few weeks.

Dr. Stella Clark has returned to Denver, after a prolonged rest in the east.

Dr. Sadler, of Fort Collins, is building a new garage at his home in that city.

Dr. Charles H. Bundsen has removed, as to his residence, to 371 South Emerson Street.

Dr. O. S. Fowler was called to Wyoming,

the middle of November, to do an appendectomy.

Dr. W. H. Bergtold enjoyed his usual hunting outing in New Mexico this fall.

Dr. Jessie Stubbs, of La Junta, is able to be about again, after an illness lasting several weeks.

Dr. and Mrs. Harry B. Killough of Pueblo are at home to their friends at 713 West Abriendo Avenue.

Dr. and Mrs. V. W. Porter, of Lafayette, were recreating in Denver about the middle of November.

Dr. H. G. De Tienne has been elected one of the board of trustees of the North Pueblo water works.

Dr. and Mrs. John M. Foster have gone to Panama. They will return to Denver about the holidays.

Dr. A. C. Asquith, of Central City, was in Denver recently with a patient, upon whom Dr. Craig operated.

Dr. H. S. Shafer, who was confined in the Steele Hospital with scarlet fever, has made a good recovery.

In the recent Pueblo election, Dr. A. T. King was elected one of the three civil service commissioners.

Dr. John Schwer, of the Minnequa Hospital, Pueblo, has returned from a three-weeks' visit in the east.

Dr. and Mrs. H. O. Dodge, of Boulder, have gone to Ocean Springs, Miss., where they will spend the winter.

Dr. John H. McKay is making a visit at his old home in Mississippi. He will return to this city in January.

Dr. J. R. Hopkins made his seventh annual pilgrimage to the Mayos at Rochester, Minn., the latter part of November.

There were reported in Denver during the month of October 47 cases of typhoid fever and six deaths from this disease.

Dr. N. B. Newcomer, of Paonia, was a delegate to the apple show convention held in Denver the third week of November.

Dr. and Mrs. H. G. Wetherill have returned to Denver from a pleasant motor trip through New England and New Jersey.

Dr. Samuel Flisk, formerly of Denver, now of Massachusetts, has been elected an honorary member of the Denver Clinical and Pathological Society.

Dr. P. V. Carlin is recuperating health and strength in New York. Before leaving

Denver he was presented by some of his friends with a silver loving cup.

Dr. Everton Wright and family have removed from Bern, Kans., to Loveland, Colo., where the doctor will be associated with his father, Dr. S. A. Wright.

Dr. Walter Wyman, Surgeon U. S. P. H. and M. H. S., died in Washington, D. C., at the age of 63, after an illness lasting several months. The immediate cause of death was a carbuncle.

Mr. Wm. R. Eaton, well and favorably known to the medical profession through his connection with the district attorney's office, has opened offices for the practice of law at 521 Equitable Building.

According to Dr. Upson's records of vital statistics (Weekly Courier), the death rate in Fort Collins was only 7.46 per thousand last year. The Courier attributes this very low mortality largely to the city's supply of pure filtered water.

Dr. J. V. Stevens has become associate and managing editor of the Wisconsin Medical Recorder, along with the old editor, Dr. J. P. Thorne, the press of whose professional work has made it necessary for him to have assistance in the sanctum.

The Medical Society of the City and County of Denver has arranged for the annual appointment by the president of a committee of five to arrange for a series of clinics, which will serve as a post-graduate course for practitioners in the Rocky Mountain region.

At a banquet recently in Longmont, Dr. Charles F. Andrew spoke on the subject, "Education, Politics and Religion." The doctor is eminently qualified to speak on these topics, although there may be doubt entertained by some as to the latter section of the subject.

Dr. Edward T. Delehanty was married to Mrs. Myrtle E. Kneiling, the last of October, in St. Leo's Church, Denver, Fathers O'Ryan and Malone officiating. The happy pair went to New Orleans, New York and Cuba on their wedding tour, and are now at home to their friends in this city.

Our associate editor, Dr. Charles F. Andrew and his wife, of Longmont, are rejoicing over the arrival of a son and heir on the eleventh hour of the eleventh day, of the eleventh month of 1911. This baby

is certainly born with the lucky sign, and we congratulate all parties concerned. May the son live and further distinguish the house of Andrew.

The state board of medical examiners and the state board of health are to be congratulated upon the success of their efforts in abating Yee Foo Lun, C. H. D. All of our readers may not know that in China, except for the treatment of the imperial family and its satellites, any one can practice medicine without previous study, all that is required being a select and variegated assortment of baled hay.

Through the courteous influence of Dr. L. T. Durbin, the members of the Denver Medical Club, at the November meeting, had the pleasure of viewing in the new Tramway Auditorium, some of the Kinema moving color pictures of the recent coronation of George V. The rental proceeds of entertainments given here go entirely to the benefit of the tramway men's benevolent organization. There is a fine bowling alley, a barber shop, and other rooms in the same building, for the comfort and recreation of the company's employees. There is probably no large employing company in the world which treats its men better, in sickness or in health, than does the Denver City Tramway Company.

LARIMER COUNTY MEDICAL SOCIETY.

The regular meeting of the Larimer County Medical Society was held November 1, 1911, in the Y. M. C. A. Building. There were present: Drs. Rew, Dale, Taylor, Morgan, Replogle, Stuver and Hoel.

The minutes of the last regular and the special meeting were read and approved. Rheumatism, the topic of the evening, was then taken up and discussed. Dr. Taylor.

had charge of the program for the evening. He gave a general paper on the etiology, symptomatology, complications, etc., of the disease. Dr. Rew discussed Arthritis Deformans; he called attention to the two forms, rheumatoid arthritis and osteoarthritis and pointed out the characteristic features of the two.

Dr. Dale discussed the treatment of Acute Articular Rheumatism; he gave a very clear and interesting description of the earlier methods of treating the disease, that is, prior to 1847; he then spoke of the alkaline method of treatment and finally the modern treatment by means of salicylates or salicylates and alkalies combined. He advocated the giving of massive doses, about a dram once or twice in 24 hours, rather than frequently repeated small doses. Dr. Stuver first spoke of the combination of salicylate of sodium with some bitter; he uses some cascara sagrada when a laxative is indicated and comp. fluid extract of gentian when the bowels are loose; he has always used the synthetic acid, and after the use of hundreds of pounds combined as above has seen no bad effect on the heart and it scarcely ever causes nausea; when arterial tension is high he advised combining veratrine with the salicylates. He then spoke of the use of electricity, hot air, and light in the treatment of acute articular rheumatism. In chronic rheumatism these agencies in connection with static electricity and the high frequency current often yield very prompt relief and, best of all, are our most reliable agents in effecting permanent cures. The subject was also discussed by Drs. Hoel and Morgan.

Adjourned.

Fort Collins.

E. STUVER,
Secretary.

FOREIGN JOURNALS

(Abstracted by Dr. W. H. Crisp.)

Denver, Colo.

Foerster's Operation for Gastric Crises in Tabes. A tabetic patient of 43 years suffered with severe gastric crises, with intolerable pains in the gastric region and side, and almost continuous vomiting and nausea. He was only able to take a small quantity of milk by mouth, being

mainly nourished by rectum. Under treatment relief was obtained for a few days only, and after about six weeks of almost constant suffering the patient's condition became decidedly unfavorable. Operation having been accepted by the patient, the posterior roots of the 5th to 10th

dorsal nerves were removed for about 1 centimeter. The patient was up at the end of 12 days. The crises disappeared immediately after the operation, and for five months the patient did not vomit. Nourishment was well taken, and the general condition greatly improved. There was return of the crises, with lessened severity, at the end of the 5th, and again for a day or two at the beginning and end of the 6th month, and thence to the end of the seventh month the patient vomited once or twice a week. From then to the middle of the eighth month (the time of report) there had been no attack. The writer reviews Foerster's original explanation of the operation and its indications, and also the reports of cases already dealt with in the literature. His opinion of the operation is decidedly favorable, although the indications and extent of operation have not yet been completely worked out. (W. Zinn in Berl. Klin. Woch., Sept. 1, 1911.)

1900 Cases of Syphilis Treated with Salvarsan. F. Zimmern draws a few conclusions from the results of these cases, which were treated at the Skin Clinic of the City Infirmary, at Frankfurt. 1. Intravenous injection is superior to intramuscular and subcutaneous in that pain and neuroses are absent, therapeutic results are greater, and the number of relapses fewer, by reason of improved absorption. 2. Both number and dose of the injections hitherto given have probably been too small in many instances. 3. So far as practicable, combined treatment (mercury and salvarsan) should be employed. For some weeks the clinic named has been giving at intervals of two or three weeks 0.4 to 0.5 ccm. in the case of men, and 0.3 to 0.4 ccm. in the case of women. In half of the cases, and especially in the primary stage, a course of mercury is combined with or appended to the three injections. (Berl. Klin. Woch., Aug. 21, 1911.)

Neurotropic and "Depot" Action of Salvarsan. As bearing on the question of the cause of those nerve disturbances (in all probability syphilitic) which have been reported by some writers as occurring with relative frequency after the use of salvarsan, Fischer and Zernick give accounts of two cases of polyneuritis and neuroretin-

itis respectively, belonging to this class. They further tabulate particulars of 36 cases treated by intramuscular or subcutaneous injection, and 21 cases treated by the intravenous method, as bearing on the question of possible toxic influence from persistence of arsenic in the blood. From certain of these cases it seems likely that even in the intravenous method a deposit of arsenic in the viscera must occur, this substance being gradually admitted to the circulation and thence eliminated through the urine. In the intramuscular and subcutaneous cases, the longest continuance of arsenic excretion recorded by the authors is a year. There were also cases of persistence for 7, 8 and 9 months. Among the intravenous cases, there were three which showed arsenic in the urine after seven months. (Berl. Klin. Woch., Aug. 21, 1911.)

Inoperable Carcinoma of Root of Tongue Improved by Adrenalin. In this case, reported by Echtermeyer, the patient seemed already in extremis at the first consultation, although only two months had elapsed since the first sign of the disease. The tumor was already as large as an apple, and there were several plum-sized glandular metastases in the right side of the neck. There was marked cachexia, and whistling respiration, speech was unintelligible, and the patient was only able to take fluids. Microscopic examination gave a diagnosis of squamous epithelial carcinoma. The glands were removed, tracheotomy was done, and adrenalin injections were begun. After sixteen injections the patient ate solid food, spoke clearly, and felt so well that he insisted on going home. Four weeks later he returned, the tumor having grown larger again. He was again treated with marked benefit, but again went back to his village; having so far gained fourteen pounds since the first injection. He was not seen again by the writer until three months later. In spite of treatment by the home physician in the meantime, there were large metastases in the neck. These were removed, and adrenalin injections resumed. The tumor again shrank, and at the time of writing was smaller than six months previously. The author remarks that although the case was not well suited (by its very advanced

character) to the treatment, yet on the one hand the malignancy of the growth and on the other the striking effect of the injections were well demonstrated by means of the undesirable but unavoidable interruptions of expert treatment. Each time the tumor became promptly smaller after a few treatments, and each time increased in size as soon as these were no longer or inefficiently given. The technic of administration in such a case is not easy, as the

roots of the growth should be reached as far as possible. The adrenalin acts by causing necroses, which are thrown off as large white dry pieces. Microscopically these pieces show loss of cell and nuclear structure and a large amount of detritus, as recorded by Reichter after his experiments with animal tumors. The tumor should be reinfiltreated completely as soon as all the necrotic tissue has been thrown off. (Berl. Klin. Woch., Aug. 21, 1911.)

BOOKS

Therapeutics of Radiant Light and Heat and Convective Heat, by Wm. Benham Snow, M. D., author of "A Manual of Electro-Static Modes of Application, Therapeutics, Radiography, and Radiotherapy," "Currents of High Potential of High and Other Frequencies," "Editor of the Journal of Advanced Therapeutics, and late Instructor in Electro-Therapeutics in the New York Post Graduate Medical School. Scientific Authors' Publishing Co., 349 West 57th St., New York. Price \$2.00 net.

This manual of upwards of 100 pages, illustrated and containing eight full page plates illustrating the methods of treatment, has been prepared to meet the demand for a condensed and practical manual on Radiant Light and Heat Therapy. Chapters have been added showing the contrast between Radiant Light and Heat, and Convective Heat. A chapter is also included showing the comparative actions of Radiant Light and Heat and the Roentgen Ray.

The work has been prepared with great care as to accuracy and detail, and includes the physical and physiological actions and therapeutics of the subjects treated.

American Practice of Surgery. A complete system of the science and art of surgery, by representative surgeons of the United States and Canada. Editors: Joseph D. Bryant, M. D., LL.D.; Albert H. Buck, M. D., of New York City. Complete in eight volumes, profusely illustrated. Volume Eight. New York, William Hood and Co., 1911.

The eighth volume of *The American Practice of Surgery* completes this system. Regional Surgery is more interesting to most men than general considerations, so the last volumes have been of greater interest to me than the first. My opinion of the system as a whole has been increasing as the last volumes have been read. Many of the sections taken alone are well worth

the price of the whole system. Some of the sections are better than similar sections in any system of surgery with which I am familiar.

It is certainly much better than I thought when I began reviewing the first volumes. The type used is large and it is put on good paper so that it is easy to read.

The present volume of 1146 pages contains sections on Intrathoracic Surgery by the Ranschoffs; Surgery of the Spleen by Garrow of Montreal; Surgical Diseases and Wounds of the Kidneys and Ureters by James Bell. This section of eighty pages is especially fine. Stewart of New York writes the sections on the Pancreas and Gall Bladder. Ferguson of Chicago wrote the division, "Surgical Diseases, Wounds and Malformations of the Urinary Bladder and the Prostate." This part occupies 110 pages of the volume. 320 pages are devoted to Gynecology. Surgery of the Ovaries and Fallopian Tubes, (Schenck). Surgery of the Uterus and Its Ligaments, 245 pages, (John B. Murphy and Frank W. Lynch). Extra-Uterine Pregnancy (McMurtry). The Caesarian Section and Its Substitutes (McMurtry). The rest of the volume is devoted to the Law in Its Relation to the Practice of Surgery; Administrative Surgical Work; Military Surgery; Naval Surgery; Administrative Railroad Surgery; and in an appendix, The Relation of Blood-Pressure to Surgery. The general index makes the volumes of greater value, as it saves so much time to the man who uses them just for reference. The index is fairly complete.

Good judgment has been shown by the writers in the space utilized for the different subjects, viz., Actinomycosis of the

Gall-Bladder is given six lines, and Gall Stones forty-five pages. A system of surgery is not supposed to be an exhaustive research into some special rare affection, but an equal consideration of all subjects in their relative importance. The surgery is commendable in this respect. Only a moderate number of references are given. The articles would be more valuable if there were more references.

Again I say that this system is a very excellent one and should be owned by every one who has sufficient interest in surgery to own a Keen.

F. C. B.

Love and Letters.—By Frederic Rowland Marvin. Cloth bound, 252 pages, price \$1.50 net. Sherman, French & Co., 6 Beacon Street, Boston, Mass., publishers.

This is another contribution to the literature, properly termed "choice." The writer is not only a Doctor of Medicine, but a Doctor of Divinity; surely this is remarkable in this age of agnosticism, infidelity and atheism, as regards physicians on the whole.

Dr. Marvin is the author of quite a number of books, each of unusual merit and real value. The title of this book hardly does credit to its scope, which is wide and particularly appealing to the book-lover.

Three of the eight chapters are especially worthy of comment, those on Silence—The College and Business Life—and Old Age. It would be difficult to find anything more beautifully written; they are worth perusal by thoughtful men everywhere. Dr. Marvin is surely an optimist of exquisite fineness, and deals most eloquently with the verities and basic things in life. Men who skim over things, whose life is veneer, and who are simply sliding through this life, need not read the books by this author, he has nothing for them; but for the lover of real good books, an ocean of genuine delight, pleasure and uplift await the reading.

To those misguided humans who imagine that because they have sauntered through a college or university they must necessarily "know it all," the chapter on The College and Business Life will give cause for serious reflection; the popular saying that "a university is a place where nothing useful is taught," is possibly too sweeping, but there is still much truth in it also, and the author's views are very radical on the

subject, and undoubtedly are saturated with verity of the unanswerable variety. A library is incomplete without the works of Frederic Rowland Marvin.

J. A. S.

Hieronymus Fracastor's Syphilis—Syphilis, sive Morbus Gallicus. A translation in prose of Fracastor's immortal poem. Published at Venice in 1530. Philmar Company, Fidelity Building, St. Louis.

We find Fracastor to be one of the most notable literary men of his period. He excelled in all branches of learning, particularly in philosophy, mathematics and medicine.

He was also a poet of remarkable sensitiveness and power. Before the age of twenty years he was professor of logic at Padua. His literary reputation was derived chiefly from a Latin poem, "Syphilis, sive Morbus Gallicus," and it has been translated into many languages. Hallam gives him credit for having delivered the rules of practical art in all the graces of the most delicate poetry, without inflation, without obscurity, and without affectation. The poem is a distinguished classic, and reads more like a translation of Homer or Hesiod than a medical treatise. The language and form of expression throughout are of the most pure and exalted character, in direct contradiction to the thought associated with the word "Syphilis" in modern times.

The prose translation of the almost divine poem covers some sixteen thousand words, and not one phrase in it of a vulgar or obscene character.

It is more a treatise on astrology and mythology than medicine from the advanced and scientific standpoint of the 20th century. It is a gem of the purest ray from a literary point of view. It reads like fiction.

The medical part is a series of medieval curiosities, and shows so clearly the strange state of the human mind in the 16th century. It is interesting as to that period of medical history when the course of events was directed by the gods, when therapy was influenced by mythological beliefs. There is a tradition that the name "Syphilis" was taken from one whose name was "Syphilus," a shepherd who watched the flocks of his king, Alcithous, and who was supposed to be the first to have had the disease.

W. H. D.

A Pathogenetic Materia Medica, by Elizabeth E. Enz, M. D., Professor of Materia Medica, Hahnemann Medical College, Kansas City, Mo. Published by the Buxton Publishing Company, Kansas City, Mo.

This is an abridged work in one volume, nicely bound, containing 467 pages, which shows care in the systematic preparation of the different chapters, divisions and subjects. The classification and explanations are true to the homeopathic standards, with suggestions of symptoms to be treated, together with the proper potency of medicines to be given in some conditions mentioned. While the author's ideas may not agree with all in this school of practice, the suggestions are practical, and the fundamental principles of homeopathy in materia medica are discussed in their usual order. We are pleased to mention one splendid feature in this work and it could be used by other writers to advantage: i. e., the author does not "talk awhile" on a subject before giving a concise explanation to the point in question. We see no reason why this work should not take the place of larger volumes that have more language than systematic points well explained in short talks and definitions.

LEWIS.

International Clinica. A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia. Vol. III. Twenty-first series, 1911. Price, \$2.00. Philadelphia and London: J. B. Lippincott Company, 1911.

The good old family doctor will be especially pleased with this number, and particularly with the papers on "Some Uses of Some Old Drugs," by Edward W. Watson; "The Modern Treatment of Arteriosclerosis," by Harlow Brooks; and "Heart Therapeutics and the Individual Patient," by James J. Walsh. Julius H. Comroe questions whether the present system of placarding houses has proved beneficial to the public. C. C. Mapes gives an interesting review of many cases of fasting. Thomas R. Brown has found no practical relation between gastric and urinary acidity. William Zentmayer outlines re-

fraction for the general practitioner. The recent graduate will find in Thomas F. Reilly's lecture on "The Successful Practice of Medicine," a great deal of sensible advice, which he will do well to study closely.

E. C. H.

Successful Medicine. Dr. Henry R. Harrower, of Chicago, has started a new bi-monthly journal of commercial medicine under the above title. The initial issue is quite attractive and interesting. The price is only 25 cents a year. The place of publication is 60 West Randolph St., Chicago.

Principles of Therapeutics, by A. Manquat, National Correspondent to the Academie de Medicine. Translated by M. Simbad Gabriel, M. D., New York and London. D. Appleton and Company, 1910.

The author of this worthy book believes that Therapeutics as a science is not only imperfect but "much encumbered" and that, being insufficiently and improperly studied, the practice of therapy is often lacking in exactness and precision. He calls attention to the often forgotten fact that many drugs are not only useless, in certain cases, but may actually do harm, simply by requiring unnecessary work on the part of certain organs.

The book is in no sense a *Materia Medica*, but is devoted to a study of the general principles of therapeutic management. The difference between therapeutic actions and physiological actions are made plain, for the author believes that many grave mistakes are made through the improper use of drugs, when such use is based upon the principle of physiological therapeutics merely.

We are reminded that it is not good practice to expect complete functional correction by means of drugs; that hygiene must always play its part; that many tumultuous infections are self-limited and call for very little medication.

The author believes it is always well to let the patients speak, because in so doing they give themselves up and we, by listening, study them and know them better. Many other interesting points are brought forth, making the book one of great value.

T. R. L.

MEDICAL PROGRESS—Continued

Radium Treatment of Gastric Cancer.—Max Einhorn (Medical Record, Sept. 23), has seen beneficial results and even apparent cure from the repeated application (for 1 to 1½ hours) of a radium tube in a receptacle with a long whalebone stem. For more prolonged application, a spiral metal sound, covered with rubber, and a mandril, is employed.

Diagnostic Value of Spinal Puncture in Diseases of Children.—H. B. Whitney considers this procedure both safe and simple and of great value in cases where meningitis is suspected. Aside from the quantity and appearance of the fluid, microscopic and chemic findings are especially important. In tuberculous meningitis, as distinguished from the purulent form, the lymphocytes greatly predominate.

Finding Tubercle Bacilli in Cerebrospinal Fluid.—J. W. Amessee recommends allowing the fluid to stand in a sterile test tube for 12 hours, by which time a veil-like precipitate should form. Then pour the contents of the tube over a cover glass into a flask in such a manner as to catch the veil on the glass surface. Tubercle bacilli, if present, are readily found in the meshes of the veil.

Vaccine Therapy in Acute Rheumatic Polyarthrititis.—Six severe cases are reported by W. C. Wolverton (Medical Record, Oct. 28), in which injections of killed streptococci (stock polyvalent vaccine), in doses of 20,000,000 to 60,000,000, produced uniformly good and prompt results. In four of the cases the salicylate treatment was not followed, and in two cases the patients had grown worse in spite of faithful adherence to the salicylates.

The Albumin Reaction of the Sputum in Pulmonary Tuberculosis.—Fishberg and Felberbaum (Medical Record, Oct. 28), do not confirm Prof. Roger's statements to the effect that in every case of tuberculosis the sputum gives a positive albumin reaction, but they find a positive albumin reaction strongly suggestive of tuberculosis, especially if the patient has not emphysema with cardiac dilation. To make the test, add a three per cent solution of acetic acid, and shake thoroughly, to coagulate the mu-

cus; let stand 10 or 15 minutes, and then shake repeatedly; filter and boil clear filtrate, adding at the same time a concentrated solution of common salt drop by drop. If albumin is present, a distinctly curdy precipitate results and settles to the bottom of the tube—mucus may cloud but is not curdy and does not form a deposit.

The Cause and Cure of Pellagra.—George C. Mizell (American Journal of Clinical Medicine, November), attributes this disease to cotton-seed oil fermenting (with formation of linolic acid and other acids). Drying oils, such as cotton-seed, he claims, when eaten deposit linolin in the tissues, and acid oxidation products may result, unless prevented by the sulphur present in the food and tissues. Dr. Mizell asserts that mild cases of the malady will recover without treatment when linolin is excluded from the diet and the patient is kept out of the sun. He believes that sulphur in the form of calcium sulphid (½ grain every 3 hours, or 3 times a day) is practically a specific for the disease. Dr. Mizell's theory is sane and simple, but it will need to be tried out in practice.

C. C. Bass, who may be considered an authority upon the subject (Louisville Monthly Journal of Medicine and Surgery, November 9) sets aside Dr. Mizell's theory by showing that pellagra was known in Egypt, Spain, Italy and Roumania from 25 to 100 years before cotton-seed oil was used for food. He affirms that not corn, but infected or spoiled corn, is the cause of pellagra.

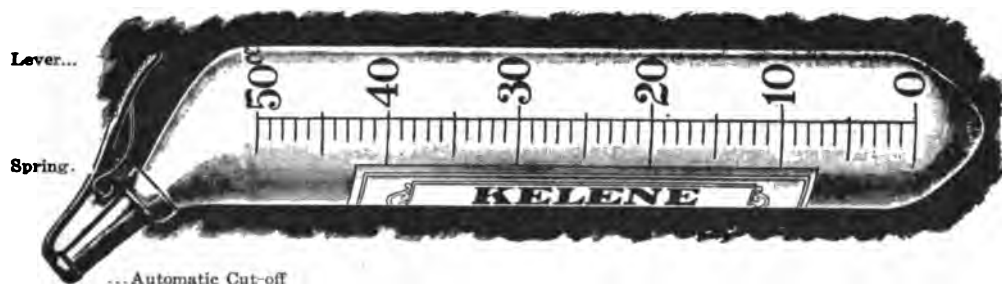
A Venereal Prophylactic Package. Col. L. Mervin Maus, U. S. A., Chief Surgeon Department of the Lakes (Successful Medicine), has had used among the troops of his department for one year, with surprisingly effective results, a small tin collapsible tube containing a paste made of phenol 3 per cent; calomel, 25 per cent; and lanolin, 72 per cent. He has found this an absolute preventive against gonorrhea, chancre and syphilis, if properly used within a half hour after contact. One-third of the paste is squeezed into the urethra, the remaining two-thirds applied to the glans. Cleansing the genitalia is not necessary, if the tube is used.

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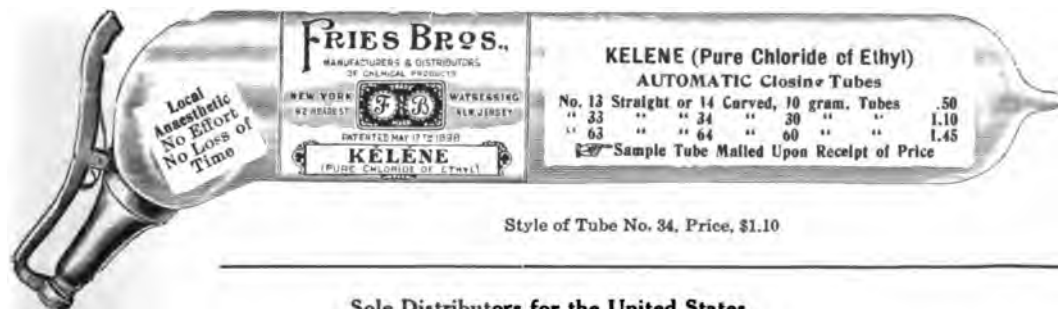
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"There was a time when polite Puritans did not think it quite respectable to discuss the darker evils of chattel slavery; but discussion brought emancipation. In like manner, if the women of this country knew the cruel facts about prostitution, the evils accruing from prostitution would be lessened by twenty-five per cent. in five years."—Cosmopolitan Magazine.

ALLBUTT & ROLLESTON'S SYSTEM OF MEDICINE, in 12 Vols., recently published by Macmillan Co., has been purchased by the Public Library of Salt Lake City, and is now on the reference shelves of the library for the use of physicians of the State.

A CERTIFICATE OF HEALTH BEFORE MARRIAGE.

A full consideration of this subject is all its bearings requires that there should be an enlightenment as to the actual frequency of resulting evil from sexual diseases or the sequelae, which may be existing at the time of the issuing of the marriage license, and which may affect the health or possibly lead to the death of an innocent partner and the children of the proposed marriage. The disastrous effects of venereal disease among the newly-married would be at once controlled by a law requiring a health certificate before marriage and the fact that such certificate would be hereafter required would act as a deterrent to the wayward boys and girls now in their teens and those who will soon take their place in the citizenship of our state. Such a law would be educational inasmuch as our growing boys and girls will demand the *raison d'être* of the law, and will thus become instructed in the evils of promiscuous intercourse and the consequences which will follow sexual contamination. Those of our readers interested—and all should be interested—in this vital question, are invited to send for and peruse the various circulars and pamphlets issued by the Chicago Society of Social Hygiene, bearing on this and kindred subjects. The medical members of the Society contributed the facts found in Circular No. 3, relating to "Family Protection." These facts illustrate the typical tragedies resulting from the contamination of the family through venereal disease under four heads:

1. The loss of motherhood, even of life itself.
2. The mutilation of the wife by surgery to preserve her life.
3. The loss of eyesight in the newborn infant.
4. The loss of pecuniary support

through the disability of the husband. little regarding the history of syphilis.

1. A girl 22 years old married a man of 26. About a month after the wedding the bride was confined to her bed for several days with severe pains in the pelvic region, accompanied with fever (peritonitis); and she remained a semi-invalid from that time. On her return from their European trip five months later she was brought to me for examination. The cause of her illness was found in a gonorrhoeal abscess of each fallopian tube, which rendered her an invalid as well as sterile. Careful treatment produced but slight improvement. Finally a surgical operation was performed and the tubes removed. This greatly improved her health, though she is, of course, permanently barren. The husband admitted that he had twice contracted a mild gonorrhoea while at college years before, but considered himself cured. Examination revealed the germs of this disease in him.

2. A bride eighteen years old came to my office with her mother two weeks after her wedding. She was suffering from newly acquired gonorrhoea. After eight weeks of constant treatment, she was apparently well. Her husband had lived "like other men."

3. Several years ago there came under my care a case that I can never forget. The patient was a bride 22 years old, a beautiful woman of excellent family. She was suffering from gonorrhoea contracted from her husband, and who supposed himself cured before the wedding. An operation, which offered the only chance of saving her life, was performed. All went well for a few days. Her husband, who had been constantly with her, was called away on urgent business. The patient suddenly became worse and died before his return.

4. A man with gonorrhoea of fifteen months duration, applied for treatment with the request to cure him in six weeks, as he was bound to get married at the end of that time. After examination the patient was warned that he could hardly expect to be cured by that time. At the end of six weeks permission to marry was refused. The patient disobeyed and married the heiress to a considerable estate. She became contaminated with his disease. Five

months after the wedding she was taken to a hospital, operated upon for gonorrhoeal abscess, and died two days after the operation.

5. I am at present attending the bride of a young man who thought he had recovered before his wedding from an attack of gonorrhoea. The young wife has gonorrhoeal peritonitis. She will doubtless recover but is probably permanently sterile.

6. A family consists of a father, mother and three children; the father is a mechanic, works at night and sleeps during the day. At night the mother and children occupy his bed without changing the bedding. The father contracts gonorrhoea, a druggist prescribes for him on his way home from work. In a few days the baby develops gonorrhoeal inflammation in both eyes, and a girl of six shows the disease in the sexual organs. Both children became infected from the bed polluted by the father.

7. A married man while intoxicated contracted gonorrhoea. His little daughter seven years old, who slept in the same bed with him, developed the disease in both eyes. Careful treatment fortunately saved her eyesight.

8. A young bride was infected with gonorrhoea by her husband, who supposed himself cured before marriage. When her baby came its eyes were infected; and it was saved from total blindness only by most painstaking care by myself and a trained nurse, covering a period of three or four anxious weeks. During the treatment of the little one's eyes, in spite of care and warning, the mother's breast became infected, causing a painful and tedious abscess.

In another case, also of gonorrhoeal inflammation of the young mother, the babe's eyes were infected; within two weeks both were lost, and the child is totally blind. I am sure that the majority of these cases are due to lack of knowledge on the part of the husband, who is not told that the disease may lurk in his deeper parts long after it is outwardly cured.

9. We have in the children's department of the County Hospital numerous cases of gonorrhoea among the children, especially the little girls. The increase of this disease in our children's department

has been alarming during the last two years, and we are sometimes unable to trace the source of infection.

10. I believe it very conservative to state that I see each week two cases of gonorrhoea in newly married women, the illness dating from marriage.

11. E. had been most carefully reared, coming of ministerial stock of generations past; a young man to whom she had been engaged for three years betrayed her. She came to us two months before her child was born and had never showed any signs of syphilis. The little one, however, was deceased when born, suffered greatly during the four short months of its life and then died, its little body gradually becoming decayed from the time of its birth.

12. The most pitiful case of inherited syphilis I have known is a girl of 18 who is just learning to spell "cat" and "dog." Her growth has been stunted and her vision practically destroyed by this inherited disease; and though she has been helped by proper treatment she will always be a loser in the fight of life.

I know two childless women both of whom are disabled because of gonorrhoea contracted from their husbands. One of the men shares the grief of his wife because of the semi-invalidism that he has forced upon her.

13. A young wife gave birth to her first child, a credit to the parents. During her invalidism the husband met a former sweetheart, contracted syphilis from her and before he became aware of his own infection, contaminated his wife. She developed syphilitic sores in the mouth, and through her kisses infected the child with the disease contracted from her husband.

14. A young man married two years after he had contracted syphilis. Within a year his wife had a spontaneous miscarriage, her child having been destroyed by the taint inherited from the father. A year later she gave birth to a puny child, which bore the marks of the same disease.

Soon after the birth of this child the father, who had apparently enjoyed good health, awoke one morning to find his right arm and leg completely paralyzed and his ability to utter words abolished, his paralysis resulting from syphilitic disease of the blood-vessels in the brain. He gradually regained his power of speech and the use

of his paralyzed limbs, though unable to earn a living for over a year. During this time the family was dependent for subsistence upon the charity of relatives. He will probably have more trouble from the same cause.

15. A young man who was on kissing terms with several girls, acquired syphilis. Though warned that he could communicate the disease by a kiss, he failed to resist temptation, and implanted the disease on the lip of each of two girls of good family.

16. Six years after acquiring syphilis, during which time he had married and begotten a child, a young man developed locomotor ataxia. The physical and mental disability thereby entailed caused the loss of a good position and bright business prospects; and the present financial outlook for his family is discouraging.

Not every case of venereal disease acquired before marriage will entail disaster, but every case in which the disease and its sequelae has not been completely eradicated—and this can only be determined by thorough expert medical examination—will lead to the sins of the father or mother being visited upon the innocent partner and their children. Those of the latter who survive will be the recipients of an heredity, more or less, tainting them with specific disease accompanied by physical and mental incapacities, such as blindness, brain and nerve diseases, epilepsy and other intractable weaknesses, which they themselves will in turn transmit to their own posterity. Statistics prove that of the 60,000 blind people in this country, at least 12,000 lost their eyesight at birth through infection of the eyes, caused by the venereal disease of one or both parents. The cases of surgical mutilation and of permanent invalidism of wives; of barrenness of marriage; of infant mortality before and after birth; of destitution through disease of the brain and nervous system in the family breadwinner, cannot be readily estimated, but Dr. Morrow reports that over 75 per cent of his operations on mar-

ried women have been rendered necessary through and as the result of venereal contamination. A certificate of health before marriage by a state medical expert is the only safeguard. The difference between an apparent cure and a real cure can only be determined by an examination by those properly qualified in this special line of work. The knowledge that such a certificate will be required will impress upon the victim of promiscuous cohabitation the necessity of being properly treated in the first place and will lead him to consult a competent physician in preference to the unqualified quack and the corner druggist or his prescription clerk. This meets the objection of those who believe that the law requiring the notification of venereal disease will drive diseased sinners to self medication; the quack or the incompetent druggist. The one law is the compliment of the other. It is only by such laws that clandestine and public prostitution can be controlled. The prophet of old hath said, "Happy is the man that feareth always; but he that hardeneth his heart shall fall into mischief. For a whore is a deep ditch; and a strange woman (a clandestine) is a narrow pit; where there is no vision, the people perish, but he that keepeth the law, happy is he.

It is suggested that every male applicant for a marriage license should furnish proof of freedom from venereal disease. Such a law is in force in many of our states. Let Utah fall in line.. In order that it may do so, it is necessary that the medical profession should educate not only themselves but our legislators and those who elect them—the men and women of our state.

THE MEDICAL CLIMACTERIC

To comparatively few men engaged in active practice will come the satisfaction of having discovered any new facts in medical science. Few indeed, will

achieve the honor of having made an epoch making discovery. But the application of these new facts, in the only way that they will be of service to mankind, is not only the privilege but the duty of all. Here the least can vie with the greatest, and need not be ashamed. That is, he need not be ashamed unless he fails to apply, to the extent his environment and abilities allow, these new means to prevent or combat disease, to the community in which he lives and the individuals who invoke his services. Failure to do so is not simply conservatism, in its strictest analysis it is near akin to criminal.

It is easy to thus keep abreast of the times while the enthusiasm of youth holds sway. But later, when the years have worn grooves in our minds, it is so easy to think and act along the lines of least resistance. Just here is the Medical Climacteric. One man, choosing the easier way becomes an automaton; content with old ideas and old ways; skeptical of all that is new. Another is able to pull himself together and to throw off the inertia; mingling with enthusiasts, he is able to add to enthusiasm judgment and becomes one of those young old men whom all love and delight to honor. E. H. S.

CEREBRAL LOCALIZATION*

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The cortex of the brain has attracted much attention since Goll, early in the nineteenth century, opened up the field of cerebral localization. Broca followed up the observations of Goll and in 1861 located the center of speech. The experiments of Fritch and Hertzig in 1870, however, established a more thorough foundation. Since that time the autopsy table and modern surgery have been very fruitful in their yield, so that now the entity of definite centers is well established. Many points are still unsettled, however, awaiting further investigation and confirmation.

MOTOR.

The motor area of the cortex occupies the ascending frontal and ascending parietal convolutions as well as the paracentral lobe. This motor area must be considered the region of motor memories only; for example the pianette, by constant effort, establishes motor memories which are subsequently recalled with greater rapidity than is possible with conscious thought. This

should not, therefore, be confused with the motor function located probably somewhere in the frontal region, to which is credited the faculty of conscious, selective and intelligent action. Goltz has demonstrated on dogs that removal of this highest level leaves memory action unimpaired. On the other hand a destructive lesion of the Rolandic region leaves consciousness of volitional motion and the ability to execute them, but the memory of their muscular production is gone, therefore they are wanting.

"It must be borne in mind then that not isolated muscles but muscle synergists are located in the cortex of the cerebrum and these are better developed the more they are consciously called into action" (Rothmann of Berlin).

These motor memory centers control each individual muscle or group of muscles on the opposite side of the body. The seat of each muscle group is accepted as follows: "The center

*Read before the semi-annual meeting of the First Councilor District Society at Ogden, Utah, September 15, 1911.

for the lower extremities occupies the paracentral lobe and the upper fourth of both Rolandic convolutions, more of the frontal than of the parietal. The two middle fourths represent the center for the upper extremities. The center for the head lies in the lower fourth and in the Rolandic operculum. The center of the trunk lies between those of the extremities.

"Clinical observation on focal epilepsy and electrical stimulation of the motor centers have shown that in each of the above areas exist secondary centers which correspond to the function of muscles of segments of the limbs. Thus there are centers for the shoulder, elbow, wrist, fingers, thigh, knee, ankle, toes; for the head individual centers control the movements of the face, tongue, pharynx and larynx, (Gordon, Diseases of the Nervous System.)

Now these centers are unilateral but there are groups of muscles which are under the influence of centers of both hemispheres. This is essential in simultaneous control such as is needed of the muscles of the eyes, the orbicularis palpebrarum and frontalis, the muscles of mastication, some of the tongue muscles, muscles of deglutition, phonation and respiration. This bilateral innervation of the upper part of the face serves to prevent a total loss of function in organic facial paralysis, which point serves to differentiate the condition from a peripheral lesion of the facial, in which case the whole side of the face is paralyzed.

SENSORY.

The impossibility of determining in animals sensory disturbances is responsible for the retarded development of the location of sensory centers. Under this caption we include touch, pain, temperature and muscle sense.

These sensations are represented in the Rolandic area, but nothing is known in regard to a separate localiza-

tion for each individual form. The quite generally accepted view is that sensory and motor spheres of the cortex are superimposed, with the difference that the sensory area occupies a larger portion of the parietal lobe than does the motor. In a study of 35 cases, Gordon (*Jour. Nerv. & Ment. Dis.*, Mar. 1903) found that hemi-sensory disturbances always accompanied a motor paralysis of cerebral origin.

STEREOGNOSIS.

In the superior parietal convolution and probably also in the precuneus has been located the sense known as stereognosis. By this is meant the ability to recognize objects by touch, giving their size, consistency and form of material constituting them. Asteriognosis or absence of this faculty has been demonstrated where a lesion encroached upon the superior parietal convolution. (Wilson).

This faculty is elicited by simply blindfolding the patient and handing him various common objects as a key, a knife, a spoon, a pencil, etc., and note if he can name them correctly.

SPEECH CENTERS.

The centers of speech, four in number, are situated at various points in the left hemisphere in right handed individuals and on the right side in those who are left handed.

1. The motor speech center first described by Broca to which is credited the memory to pronounce and articulate words, occupies the posterior portion of the third frontal convolution. Destruction of this area produces motor aphasia or aphemia. Individuals presenting this symptom are able to move the lips and tongue, to make sounds and to hear and understand when spoken to, but their faculty to articulate words is gone. By re-education the aphasic frequently regains his lost vocabulary, but in many cases this never returns. In those who speak

word blindness. Destruction of both angular gyri produces mind blindness, all objects failing recognition.

AUDITORY CENTERS.

General audition is controlled by bilaternal centers, located in the first and probably second temporal convolutions. It therefore requires destruction of both sides to produce a complete cerebral deafness. The centers of word hearing is independent of that of hearing in general, as we have seen that the general hearing may be unimpaired but spoken words are to the patient simply meaningless sounds.

SMELL AND TASTE.

Recorded cases furnishing information on the senses of smell and taste are few and not convincing. Their entity has neither been confirmed nor disproved. Considerable weight has been given to Zuckerkandl's observations, which are that animals with a highly developed sense of smell have a large limbic lobe, while in those with a rudimentary olfactory sense the limbic lobe is small and poorly developed, which would indicate that these senses are probably located in that region.

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THE SERUM TREATMENT OF DISEASE.*

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Serum therapy is yet in its infancy. It may be appropriately styled the youngest of the medical sciences, if indeed it can be called a science. Nowhere else in the whole field of medicine do we encounter so much of the unknown and hypothetical. The whole subject of immunity, whether natural or artificial, rests largely as to the reason therefor upon a foundation of theory. Nevertheless, in spite of this, much has been accomplished in the way of holding in check or overcoming disease by means of artificial, or passive, immunity. And that, too, in some of our most dreaded maladies.

Clinical evidence abundantly proves that many contagious and infectious diseases develop in the human organism something which renders the patient immune to this particular infection for a variable time. Scarlet fever and diphtheria have many symptoms in common. The localization in both is mainly in the throat. They are both contagious and infectious. For the one

we have a specific antitoxin which will produce a temporary immunity; while one attack does not confer a natural permanent immunity. For the other we have no specific treatment, no certain prophylaxis; and yet one attack protects the patient during life. Yellow fever and malaria are both disseminated by mosquitoes. The one is certainly, and the other probably of parasitic origin. In the first, one attack confers immunity; in the second, no such protection occurs. One attack of small-pox gives immunity for life; but the immunization following vaccination is limited, although the systematic reaction may be more severe than during a mild attack of the disease itself. Wherein lies the difference? These are a few of the unknowns which excite, but have so far baffled all efforts for their solution.

Looking at medical science from the standpoint of immunity, we find that all our treatment has this one object for its goal. Do we give stimulants in

*Read at the semi-annual meeting of the First Councilor District Medical Society at Logan, Utah, February 15, 1911.

typhoid, we do it to keep the patient alive until such time as the disease passes the crisis—until nature has established an immunity. Do we use supportive treatment in pyemia and septicemia, we do it waiting anxiously for the time when the infection shall lose its virulence. And so we might continue citing examples to show that what we have actually been striving for all these years has been immunity.

The initial step in serum therapy is usually dated from the time that Jenner performed his first vaccination. Although it is claimed that the Chinese, long prior to that, had made use of the same principle by inoculation with small-pox during a mild epidemic to protect against its ravages in a severe form. However, the importance of Jenner's discovery, both to the medical profession, and to the whole world, can hardly be over-estimated. It marked an epoch in the history of medicine. It opened a new field to the scientist. Henceforth, medical science would be concerned not alone with intrinsic remedies; but would come more and more to depend on the intrinsic, or organic.

I shall not attempt to go into the details of technique either in preparation or administration of the various sera. Neither shall I discuss at length the different theories as to their mode of action. But I shall endeavor to present some of the results obtained. And the practical methods of applying our knowledge of serum therapy. As general practitioners, we are concerned not so much with the theory, as with the best mode of obtaining the desired result. Conquering disease, and thereby restoring health is the great desideratum. It is the how, not the why, that is of most interest.

From the crude and oftentimes dangerous method employed by Jenner and his immediate followers of inoculating one person from the pustule of another to the employment of sterile points and vaccine is a long stride. And yet a

short one as compared with the whole distance traveled in the development of serum therapy. It is not necessary for me to recount to you the great saving of life by the knowledge of vaccination. What influence the immunization of so large a share of the people has had on the severity of this disease is scarcely susceptible of proof. But certain it is, that epidemics of recent years are not characterized by the same severity and high mortality as formerly. And may we not have some ground for hope that those diseases for which we are able to discover a successful serum prophylaxis may have developed a racial immunity, as we now have a personal. The probability of such a goal of ultimate success makes more alluring the hope of the discovery of such sera for those scourges which annually cause the bulk of the world's mortality.

The second step in this new field of medical progress was taken when Gehring discovered diphtheria antitoxin. From being one of the most dreaded diseases, with a mortality of 25—50%, diphtheria has, under antitoxin treatment, lost much of its terror, and mortality tables show only 5—10%. With evidence that, were we able to institute treatment early in every case, the death rate would be practically nil.

Antitoxin treatment is based on the fact that the living organism in combating diphtheria elaborates something which neutralizes, or at least renders inert the toxic products of the disease. This substance is contained in the blood serum; and for want of a better name is called antitoxin. There are various theories as to its action; but whether a chemical or physiological antidote, or both, is not definitely proven. This same element can be developed in other animals. And our antitoxic serum is taken from a horse to whom has been given gradually increasing doses of diphtheria toxin until his blood contains a high per cent.

of these antibodies. And we know that, used early, this serum enables nature to promptly and successfully overcome the disease.

Antitoxin is generally held to be non-toxic. But can we on such an hypothesis explain the occasional alarming and even disastrous results following its use? Is the oft-repeated platitude true, that cases of post-diphtheritic heart failure and paralysis are due alone to the diphtheritic poison; and the reason why they are perhaps more frequent than in pre-antitoxic days is that such cases used to die promptly, seldom reaching the stage of convalescence? Is there no maximum physiological dose for antitoxin beyond which its action is toxic? In cases where symptoms indicate that nature has overcome the virulence of the infection—that it has elaborated its own antitoxin in excess of the toxin—can several thousand more antitoxic units be thrown into the system with impunity? If on the one hand its action is chemical, does not the fact that the proper amounts of an acid and an alkaline caustic can be applied to the tissues without harm while an excess of either is disastrous; or if its action be physiological, that certain poisons, as morphine and cocaine, or atropine and pilocarpine can be taken together without danger in dosage that for either one alone would be deadly, point to the possibility that similar results may follow an overdose of antitoxin? Some authorities claim that by repeated injection of antitoxin an anti-body to it is developed. And may this not be an effort of nature to overcome a toxic or at least harmful action? A writer in a recent issue of the *Medical Times* of New York makes the claim, based on no less reliable authority than the statistics of the Registrar-general's office in England, that during the years since 1893 the death rate to the million from diphtheria has been 3,431; while during the fourteen years immediately

preceding—before antitoxin was used—the death rate per million was only 2,571. Showing an increase of 40% under serum treatment. He draws the conclusion that the increase is due to the antitoxin. The questions propounded above are not susceptible at present of categorical answers on account of the indefinite and largely theoretical basis of our knowledge of the whole subject of immunity. But I suggest them as points worthy of careful consideration.

There have been various other sera manufactured, as the anti-streptococcal, the anti-tetanic, etc. These have proved beneficial; though not to the extent hoped for in view of the marked results with the diphtheritic serum. One cause of the failures has probably been the lack of uniformity in the infecting agent. And the polyvalent sera have been developed to meet this condition. The length of time required in its preparation prevents the use of an autogenous serum. As there is probably little danger accompanying the use of the sera in proper dosage, they are certainly worthy of careful trial in suitable cases, especially where other lines of treatment are not giving relief.

The discovery of tuberculin by Koch was hailed with joy not alone by the medical profession; but also by the thousands of victims of the "Great White Plague." Both were doomed to bitter disappointment. It did not prove the panacea expected. It was found to be a dangerous weapon. And its early misuse cast it "into the blackest disrepute from which it did not begin to recover until over a decade after its discovery." Today the tide has turned again in its favor due in considerable measure to the experiments and discoveries of Wright. So that at present, it is recognized as a valuable adjunct to the successful treatment of tuberculosis. "But if there is not to be another reaction against tuberculin, great care must be exercised in its applica-

tion." "The qualifications of the physician who administers it are certainly of more importance than the kind of tuberculin." (Sahli.) It is a very potent agent for good or evil. And "where given in excessive doses or at improper intervals the harm done is out of all proportion to the greatest benefit which can be hoped for when it is administered in the most judicious manner, and under the strictest opsonic control." (Fordyce, *Int. L. Clinics*.)

The use of tuberculin does not rest on the same basis as antitoxin. It contains not the anti-body, but the toxic products themselves. It falls, therefore, rather in the class of vaccines. So far as known, its action on the organism is probably not the production of an immunity by the development of anti-bodies in the blood serum, but is manifested in the increased resistance of the cells. It follows, therefore, that it finds its most favorable action in the cases of localized or chronic infections where the general system has not been aroused to active repulsion of the invaders. In such cases, the opsonic index is found to be low. But in those cases of general active infection where the index is already high—where, in other words, the organism is already fighting the infection—its action is not so apt to be beneficial. It is a general law in therapeutics that over-stimulation paralyzes. So in this, if nature is already exerting herself to the utmost, the use of tuberculin can but be harmful. If indeed its toxic action does not constitute a real danger. These considerations emphasize the necessity of commencing treatment with minute doses, and increasing very gradually and carefully; being constantly on the watch for any unfavorable symptom.

Tuberculin has proven of considerable diagnostic value. The existence of any tuberculin lesion sensitizes the tissues so that the system reacts to small doses of tuberculin. There are various methods employed to obtain this

result; either by hypodermic injection for the systemic or thermal reaction, or applied to the conjunctiva or skin in the form of a solution or ointment. Just how far these reactions are dependable in the settlement of so serious a problem as the early diagnosis of tuberculosis is yet to be demonstrated. Their correctness will of course depend upon the quality of preparation and the technique employed in its use. Whether they are harmless, and therefore to be employed freely, is also not definitely proven. Some authorities, however, claim that the use of tuberculin has caused the lighting up of apparently quiescent cases. This appears to be a more real danger than that it will set up a tubercular condition in a person previously free from such infection. Provided, of course, the preparation used is absolutely sterile. The introduction of living organisms as is possible by a carelessly prepared tuberculin would always be dangerous.

We must always bear in mind, whether using tuberculin as a diagnostic or therapeutic agent, that it is a remedy of high potency, and that grave disaster may follow its careless administration.

Vaccine therapy is fast becoming an important feature of this branch of therapeutics. The current number of the *American Journal of Medical Sciences* contains an article giving a resume of the literature on this subject. The author records a list of over 2,000 cases, representing 67 different conditions. Of these cases, 86% were cured or benefited. Both stock and autogenous vaccines were used. And wide variations were shown in the dosage, both as to size, and the interval between treatments. In no case was serious harm reported following their use. Although one patient who had received by mistake a ten billion dose of staphylococci went into collapse in a few hours, but responded promptly to stimulation.

In weighing the evidence presented by such statistics, the author points out several factors to be considered; among which may be mentioned; the overzealousness that often exists in taking up a new work or trying a new remedy; the part that nature plays in effecting a spontaneous cure; whether the cases were mild or severe, or whether typical; and the number of unreported unsuccessful cases.

He draws the conclusion "that vaccines should only be employed; first, in general infections, after blood cultures have been made and the infecting organism identified by an experienced bacteriologist; second, in local infections, in which the organism has been isolated and identified, or in which the symptoms are so marked that a mistake in diagnosis is beyond a possibility." And "that the practise of injecting various kinds of dead bacteria, or mixtures of vaccines, in the hope that one or the other may do good, is to be severely condemned."

I have endeavored to cover the subject assigned by touching some of the most important points. There is much more that might be said, both for and against, what has been perhaps not in-

aply called the "New Therapy." There is indeed much that cannot be told at present, for it still lies either entirely within that vast region of the unknown or its truth and import are but dimly recognized and comprehended. And I can perhaps do no better than to close this paper by quoting from one who has done more than any other man to systematize and clarify our knowledge of serum therapy—Dr. Wright. He says: "It would therefore be well that in connection with vaccine therapy we should appreciate the limitations which are inherent in the method, and the labor which its proper conduct may entail; and further that we should distinguish between the cases where we may hope to achieve certain and easy success, and the cases where success, if achieved at all, must be dearly bought." "So long as we as a profession go on hankering after the impossible, so long as we demand of every new therapeutic method that it shall, after the manner of a magic wand, achieve the marvelous with little labor, and that it shall give its best results even when it is applied in a blind empirical manner, so long will disillusion continue to dog the steps of medicine."

DEPARTMENT OF EUGENICS

THE MEDICAL PROFESSION AND PURITY.*

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We use the word purity in a special sense, having reference to the sex life.

In so far as the enlightenment of the general public is concerned, this subject has been strongly neglected, through a shameful prudery, until evils of gigantic proportions have resulted. There was formed in Chicago in 1905 an organization called "The National Pur-

ity Federation." Its object is to "unite all reform forces in one great society, and arouse the conscience of the world to the awful facts relative to individual, social and organized vice, and the deeds of their promoters, and assure to all a high standard of morality and a right knowledge of the pure life."

There have been formed within the

*Read before the Ohio State Eclectic Medical Association and reprinted from the Eclectic Medical Journal.

ranks of the medical profession itself "The American Society of Sanitary and Moral Prophylaxis." A similar organization has been formed in Europe. Under the auspices of the Chicago Medical Society, "The Chicago Society of Social Hygiene" is doing much effectual work in enlightening the people.

The New York Society for the Suppression of Vice, which has been thirty-six years in the field, has destroyed over forty-one tons of immoral book and sheet stock, more than 3,000,000 obscene pictures, and large quantities of utensils for making the same, and over 3,000,000 circulars, catalogues, songs, poems, booklets, etc., which were unfit for use. That sort of immoral poison is sent among the youth of the land, even into the schools and colleges, by human vampires, to do its deadly work.

The times are ripe for purity organizations. The psychological period has come when they can do a great and necessary work in reforming our local and national life.

It is quite in order for medical societies to take up this subject and promote an educational scheme which will uplift the social world and make our work pleasanter than it now is.

We think we are, as a nation, building the highest civilization, but we are leaving out of our educational structure an important cornerstone which ought to be placed in its proper position.

Among other things, the people must know that children, even those of tender years, of high and low degree, in families of all grades, unless early and wisely instructed and safeguarded, are in great danger of nervous and bodily exhaustion, from an evil habit, which will greatly impair their physical, moral, intellectual and spiritual development. Children as young as three years are known to indulge in the se-

cret vice, and girls are said to be as unfortunate as boys in this respect.

Young people approaching the age of manhood and womanhood must be taught, by those qualified, in regard to the nature of the phenomena which will appear in their lives at that time.

The youth of the land must be taught the dignity and true meaning of the powers of the sex life with which they then become endowed. They must understand its purpose, its proper care and its dangers. They must be taught not only the "Thou shalt not," but the why not. They must be taught to keep the thoughts as well as the actions pure, for thoughts are living things, and as a man thinketh so is he.

No young couple should be permitted to assume the sacred compact of marriage until they have been taught what constitutes proper matrimonial life according to the best judgment of our time, and be able to present a satisfactory certificate of health.

It is the duty of physicians to teach their married patients, when fair opportunity presents, that the purpose of sexual union is reproduction, not pleasure; that "the exercise of the sexual function is accompanied by the most exhausting expenditure of nervous and vital energy of which the body is capable;" that "excess in a normal way tends to make men hate their partners in excess; the unhappiest marriages are those in which there is the greatest indulgence; irritability, aversion, positive hatred and disgust toward the object of former love follow protracted sexual debauch;"* and that continence is compatible with health and should be observed during the period of uterogestation. In short, marriage should not be made a sort of legalized prostitution with one woman, and married people should be made to understand it.

Children six to eight years of age

*Beard and Rockwell, "Sexual Neurasthenia."

should be given a correct, be it ever so brief, knowledge of the mystery of life. If they are not, they will be given an incorrect knowledge, by impure companions, which will be a lasting injury to them.

A considerable use could be made of physicians in teaching this subject in the schools, and the expense need not be great. Lady physicians could be obtained, if necessary, to teach those of their own sex.

After a generation has been properly trained, lay teachers may develop who can do the work as well or better.

Pupils thus taught who later marry and bring children into the world will teach them the laws of life, and safeguard them, from their earliest years.

The instruction in the home should begin early. Luther Burbank, the marvelous producer of new forms of plant life, and many others, have wisely said that a mother must not neglect her child before it is born. Prenatal culture is of inestimable value to the child. Heredity plays an enormous role in the life of man.

Emerson has reminded us that we often hold intelligent communion with people even when no audible words are spoken. In much the same way a mother influences her offspring and teaches it from the day of its conception. Such teaching, supplemented by that of spoken language in due time, should not end with its birth, but go on up through each year of childhood, youth, manhood and womanhood.

I believe that the aid of the medical profession is necessary to accomplish the greatest possible results in this work. Physicians have a more intimate knowledge of human life than any other class of people. We have a far better understanding of the evils resulting from impure living, because we see more of those evils, study them more and comprehend them better. All that we need to make us the best purity workers extant, other things being

equal, is, first, the divine love for humanity in our hearts; and second, the best possible opportunity for the work. Certainly many physicians have that love, and, if this plan is developed, more of that class will develop with it; and I believe that the best possible opportunity can be made by creating a department of health in every school in the land, to be presided over by a physician who shall teach the pupils in regard to the care of the general health, not omitting a knowledge of the care and functions of the reproductive organs, together with a wholesome knowledge of vices and venereal diseases. It is mockery to teach physiology and never mention this important part of the physical being. A shameful prudery permits destroying evils to flourish.

We must break the traditional policy of ignorance, and place in its stead a rational, national policy of general public education in these matters which are of such vital importance to humanity. And this on the principle that prevention is better than cure; recognizing the fact that parents do not do their duty in teaching these matters to their children, and that they, as a rule, are not thoroughly informed themselves.

In harmony with a suggestion of Dr. Morrow, of New York, state boards of health could request their state medical societies to formulate plans of instruction and submit them to the boards which would perfect and promulgate them. Such a plan of instruction, coming from such a source, would command the respect and confidence of all. The plans thus prepared by different states can be compared and improved as experience shall dictate.

Medical colleges all teach this subject to their students, well knowing that there will be many victims of sexual diseases coming to the doctors for relief.

Physicians already instruct a sur-

prisingly large number of people, but usually not until they come to them as victims of disease. How much better it would be, if, instead of acting this role, which is somewhat analogous to that of the spider and the fly, we could act the more rational, humane and noble role of instructing the youth of the land before they fall. It is a uniquely delicate task, but physicians are already trained for it, and could, generally speaking, do it best until others are better trained.

Until it is made the definite duty of some one to do such teaching systematically it will never be done. When teachers are justified by their superiors and backed by public opinion they will do a divinely important work in this line. As people we are not given to avoiding work simply because it is hard.

The microscope and the combined experience of the medical world have been revealing some valuable secrets. They tell us that from 60 to 80 per cent. of young men in the larger towns and cities acquire gonorrhea; that 60 to 80 per cent. of pelvic suppurations requiring hysterectomy or oophorectomy are due to the same disease, and that no class of society is spared by the terrible scourge. They say that that disease is the cause of a large per cent. of the cases of impotence and sterility among men and women; that 80 per cent. of the world's blindness is caused by it, and that from 60 to 80 per cent. of that blindness is inflicted upon innocent babes by infection at birth. They tell us that there are more married women in the cities innocently affected with this disease than there are abandoned women in the same cities, although it is said that there are upwards of 25,000 of the latter in Chicago and 50,000 in New York. They say that absolutely no other disease has such a destructive effect upon the health and procreative power of woman.

We really never know when we have gonorrhea cured, and Dr. C. B. Parker, one of the leading physicians and surgeons of Cleveland, said recently in a lecture to men that no doctor in the world can cure it.

Young men illicitly contract the disease, and supposing themselves cured, when they are not, marry; and the aggregate results in diseased wives is becoming frightfully large. One medical writer relates the case of a man who killed three wives in succession by this disease, and he thought himself cured before marrying each time. It often causes inflammation of the prostate gland, bladder and kidneys. It causes the so-called gonorrheal rheumatism. It invades the brain and spinal cord, the eyes, heart, pleura, peritoneum and other tissues. No part of the body is exempt from its attacks. Gonorrhea until comparatively recent times was thought to be of comparatively minor importance, but it is now known to be more destructive to human life than syphilis, which is far more dreaded.

Then there is this other disease prevalent which the sensual libertine is likely to acquire, syphilis, which is said to cause from 50 to 90 per cent. of the cases of locomotor ataxia; 50 per cent. of the cases of hemiplegia which occur under fifty years of age; and a death-rate of 60 to 85 per cent. among children whose parents have it; to say nothing of the impaired development in those who survive such conditions. They tell us that syphilis causes 40 per cent. of all cases of abortion and miscarriage; that most syphilitic women abort, and that it would be a blessing if all did.

Syphilis attacks with destructive energy the blood, bones, brain and nervous system. Every tissue of the body is subject to its ravages, and no man knows its end. Diseases which bear other names, may, so far as we know, be its ultimate termination even in succeeding generations. After slumbering

twenty-five or thirty years it may break out and end the life of its victim.

I can never forget the case of a woman who was said to have been beautiful in her youth, who innocently married a syphilitic man. She was infected with the disease and it ran a destructive course. Her nose was entirely destroyed, her eyelids distorted, her face blanched and splotched, and offensive odors from the decaying bones filled her rooms. She was a woman of good character but she suffered a living death for years because of this terrible affection. In another case of a young woman, the frontal bone dissolved, and the disease went on until it destroyed her life. In the case of a young man, loathsome abscesses formed on his face and a few years later the disease reappeared in his larynx and dragged him down to the grave. A tale could easily be made up from hospital and private reports which would "freeze the blood" and shock the world out of its position of indifference.

"A considerable percentage of the idiotic, imbecile and insane in our charitable institutions are a curse to themselves and a burden to the community through the venereal taint implanted before their birth."*

It has been said that no other disease makes such fearful ravages in the human constitution, nor subjects its victims to such terrible sufferings and disfigurements as syphilis.

Keyes, in his work on syphilis, quoting from the Surgeon-General of the Army's report for 1904, says: "There are more soldiers rendered permanently unfit to follow their profession by syphilis than by any other disease; 27.83 per thousand among officers are syphilitic. The ratio of syphilis to gonorrhea among the men is 1 to 4, among officers, 1 to 1. . . . By far the most important diseases affecting the effi-

ciency of the army during the year have been the venereal . . . causing 16 per cent. of all admissions, 28 per cent. of all non-effectiveness, and 1 per cent. of all discharges for disease. . . . But if we measure the importance of a disease by the damage it does, syphilis immediately jumps into far greater prominence. Taking as a criterion the number of days sick, we find syphilis, 70,398 days, second only to gonorrhea, 146,609, and well ahead of dysentery, 49,518, and tuberculosis, 49,195. . . . Syphilis stands first as a destroyer of careers, causing 166 discharges, whereas tuberculosis caused only 101. . . . In general, there is one-eighth to one-fifteenth as much syphilis as gonorrhea."

Dr. F. C. Valentine, of New York, said in a lecture before the Ohio State and local boards of health, January 16, 1906, that "it is most conservatively estimated that of the million people walking the streets of New York, at least 200,000 are infected with venereal diseases." This was based on a report of the New York Medical Society. He says that "there is no purpose in denying Bulkley's calculation that the New Yorkers infected are increased by 50,000 annually, and that there is reason to believe that these figures understate rather than overstate the facts." He further states that "although the figures given must understate the truth, yet if we accept them we must also accept that today there are walking the streets of the United States some 16,000,000 people infected with venereal diseases. The same conservative estimate would give these polluted ranks an increase of three and one-half millions annually. The power of this immense army for evil to each unfortunate and to others, is beyond discussion. The cost to the nation produced by venereal diseases is beyond computation. The disasters directly and in-

*Chicago Society of Social Hygiene.

directly wrought to the innocent cannot be even estimated. Venereal diseases are more widespread and more dangerous to the individual, the family and the State than all other diseases combined.'

In view of all this, justice demands an equal standard of purity for men and women. A licentious or venereally infected man is quite as obnoxious and dangerous as a woman similarly affected. We must think of and treat them as fallen men on a par with fallen women.

When we reflect that a great army of regular and clandestine prostitutes, laden with disease, is scattered throughout the towns and cities of our country, and that the children, young men and women of the nation are practically ignorant of the seriousness of venereal diseases and sexual vices, it requires very little thought to see that honesty and fairness and the law of self-preservation demand a general diffusion of sex knowledge among the young.

They are now telling us that in the city of Chicago alone from 38,000 to 50,000 criminal operations occur annually; and when we reflect that this is probably but a fair sample of the condition of our other American cities, we can really see that in this wrong life we have a potent force working for the degeneration, the depopulation and the suicide of our race. Yes, in the wrong sex life lies the secret of a vast amount of wasted life, disease, poverty, insanity, drunkenness, suicide, domestic discord and divorce. The sensual libertine cannot go far in sowing wild oats without causing and reaping a terrible harvest. The hospitals are full of the crop.

Venereal diseases, because of their insidious, destructive nature are worse than leprosy; they are as a cancer gnawing at the vitals of the nation. The house of prostitution and its fostering evil, the saloon, can never be

tolerated by a right-minded people. There is no more use in trying to regulate them than there is in trying to regulate hell. If they could be regulated they would still be—hell.

It is now known that there is an international traffic in girls which has become as strongly entrenched and as compactly organized as was ever the traffic in negro slaves. It has its agencies in many lands, its bureaus of exchange in many cities. It has its means of transfer, its system of distribution, its supply and demand, and all the features of a protected and legitimate commerce. Five and one-half years is said to be the average duration of the life of these victims of man's barbaric lust.

It easily becomes apparent that children, youths and young men and women are not taught enough in the schools unless they are taught the fundamental principles of correct personal and social sex life; for those are what concern them most. It is those principles upon which the foundations of a strong body and a strong life are built.

We may take it as an axiom that personal and social purity mean personal and social life, while personal and social impurity mean ultimate personal, social and national death.

This is really everybody's work. Every one should do everything possible to become well informed, to teach those under their care or influence, and assist in the formation of a public opinion which will not only permit, but insist upon, this needful educational reform.

I believe that the medical profession will rise to the occasion, put its shoulder to the wheel and become a mighty dynamic power in uplifting the morals of the people.

We well know that many nations of the distant past have risen to power and worldly glory only to sink into oblivion through preventable vice largely of this nature; and that if we do not pursue a more rational course than

they, we, too, will walk the same downward course.

If we were ascending a mountain with a company of people, and having arrived safely at the top should look back and behold any who were unable to surmount the last obstacle, we surely would put down our hands and help them to the summit. Our duty is equally clear in this situation.

We who believe, and have faith in the ultimate consummation of these lofty ideals, should endeavor, according to our ability, to leaven the world's thought, and thus aid in the establishment of a splendid civilization—a civilization having the permanent power within it to advance onward and upward forever.

CHRISTIAN SCIENCE AS PRACTICED IN ANCIENT BABYLON.

Under the title, "Primitive Mind Cure," a recent issue of *The Independent* has the following interesting note:

One gets an idea of the antiquity of the mind-cure in the old Babylonian incantations address to a disease under the impersonation of an evil spirit. Here is an example given by Professor Jastrow in his "Religious Belief in Babylonia and Assyria:"

"Away, away, far away, far away!
For shame, for shame, fly away, fly away!
Round about face, away, far away!
Out of my body, away!
Out of my body, far away!
Out of my body, fly away!
Out of my body, face about!
Out of my body, go away!
Into my body do not return!
To my body do not approach!
My body do not oppress!"

Such repeated and imperative impulsions on the mind as these could not have failed to accomplish many miraculous cures; and they were, as in the more modern "Christian Science" cures, and those of the "Emmanuel" movement, accompanied and guided by religion.

Army Medical Corps Examinations.—The Surgeon General of the Army announces that preliminary examinations for the appointment of first lieutenants in the Army Medical Corps will be held on January 15,

1912, at points to be hereafter designated.

Full information concerning these examinations can be procured upon application to the "Surgeon General, U. S. Army, Washington, D. C." The essential requirements to securing an invitation are that the applicant shall be a citizen of the United States, shall be between 22 and 30 years of age, a graduate of a medical school legally authorized to confer the degree of doctor of medicine, shall be of good moral character and habits, and shall have at least one year's hospital training as an interne, after graduation. The examinations will be held concurrently throughout the country at points where boards can be convened. Due consideration will be given to localities from which applications are received, in order to lessen the traveling expenses of applicants as much as possible.

The examination in subjects of general education (mathematics, geography, history, general literature, and Latin) may be omitted in the case of applicants holding diplomas from reputable literary or scientific colleges, normal schools or high schools, or graduates of medical schools which require an entrance examination satisfactory to the faculty of the Army Medical School.

In order to perfect all necessary arrangements for the examination, applications must be complete and in possession of the Adjutant General at least three weeks before the date of examination. Early attention is therefore enjoined upon all intending applicants. There are at present six the Army.

Denver Medical Times and Utah Medical Journal

VOLUME XXXI

JANUARY, 1912

NUMBER 7

Foreword

The Denver Medical Times is the oldest current medical publication in Colorado, or indeed between the Missouri River and the Pacific Coast. In January, 1882, was issued in this city the first number of the Rocky Mountain Medical Times, replacing the Rocky Mountain Medical Review, which had been established in Colorado Springs by Dr. A. Wellington Adams in September, 1880. The editors of the Denver journal were Drs. Thomas H. Hawkins and F. A. E. Disney. In January, 1883, the name of this publication was changed to the Denver Medical Times. Except for a few months in 1893, when Drs. John Chase and William P. Munn edited the magazine, Dr. Hawkins retained the editorial management until the autumn of 1905, when the present stock company assumed control. Dr. Hawkins' successive associate editors during the early part of this period were Dr. F. Marquand Trask, Dr. James A. Lydston, and Dr. P. D. Rothwell. The present editor has done most of the editorial writing during the past twenty years, and for fifteen years (1893-1908) did practically all the book reviewing. He wishes here to acknowledge his literary indebtedness to his associate editors, and particularly Drs. Crisp, Stover, Stuver, Parsons, Dyde, Tennant, Adams and Barbour.

The first number of the Rocky Mountain Medical Times records the opening, November 1, 1881, of the medical department of the University of Denver, with addresses by Ex-Governor John Evans, Rev. Dean Hart, Rev. David H. Moore, D.D. (now Bishop Moore), and Dr. H. K. Steele. The second number relates how the county hospital, after a year under the charge of the homeopaths, passed back into the hands of the regular profession. It also tells of the sudden termination, with the death of its editor, Dr. William H. Warn, of the first Colorado Medical Journal, of which only one or two numbers were issued. (Under the same title Drs. Axtell, Beggs and Burns edited a very creditable medical magazine in the closing years of the past and the opening years of the present century).

The first May number of the Medical Times describes the first annual commencement of the medical department of the University of Denver, as follows: "The first annual commencement exercises were held, April 27, at the Lawrence Street Methodist Church, in the presence of the faculty, students and a large number of invited guests. Addresses were delivered by the Dean, Prof. H. K. Steele, Prof. Stedman, the Rev. Earl Cranston [now Bishop Cranston], and Governor Evans, who also awarded diplomas to the following named gentlemen, who had successfully passed the examinations: Patrick V. Carlin, W. A. De Beque, Abijah Johnson, James O. Campbell and George H. Elliott. The valedictory was given by Dr. Elliott."

The present anniversary issue of the Denver Medical Times embraces extracts from the contributions, during the past thirty years, of a number of eminent medical men who have gone into the "Great Beyond." By honoring them we honor ourselves, and provide a rare treat for our readers in these "footprints on the sands of time."

Through many vicissitudes the Denver Medical Times has grown steadily in prestige and popularity, and we believe it fairly represents the medical profession of the Rocky Mountain region. It has always stood for the square deal and the open expression of honest convictions, as well as the exposition of all scientific matters relating to practical medical progress. "With malice toward none, with charity for all," we propose to go forward as a true exponent of western medicine and surgery, unyoked, untrammelled and unafraid.

From the Business Manager's Standpoint

In looking over the volumes of the Denver Medical Times since its first appearance in 1882, it is most gratifying to find that so many of our advertisers have been with us for so many, many years. We most highly appreciate this, and enjoy the dignity that this continuous advertising gives to this publication.

Something like seventy of the very best firms who cater to the medical profession use the pages of the Denver Medical Times. This in itself is a sufficient endorsement of this journal from a high-class business standpoint.

A few years ago there was some of that peculiar antagonism manifested in the actions of a few of our doctors who for some reason feel it their duty to oppose an Independent Medical Journal, but we are pleased to know that this feeling has very nearly died out, as far as this journal is concerned. From the time the present company assumed control there has been a steady growth, growth in influence, growth in intrinsic value, growth in circulation, growth in advertising patronage, until today, outside of New York, Chicago, and St. Louis journals, we carry the largest and best line of advertising in the country.

Bear in mind this is not accidental. It is simply the reward of publishing a journal of value, a journal with a back-bone, a journal with a subscription list, a journal which is read, a journal which truckles to no one, a journal which is fair, open and above board, broad-minded, but independent.

It has taken the brains, effort and good will of very many to put this journal in the place it occupies today, and to all those real friends, those who have written for the journal, the associate editors, those who write the abstracts, and the reviewers, the editor joins with the management in offering genuine and appreciative thanks.

The Utah Medical Journal, which is independent of, but printed and bound with the Denver Medical Times, under the editorship of Dr. Frederick Clift, is rapidly occupying the Utah field, and never before has that state been properly represented in medical literature; Utah is now on the map and will stay there, and is destined to grow in importance and influence, as increasing interest is being manifested by the profession in that section.

To all, in every department, subscribers as well, we wish success, and a Happy and Prosperous New Year. Even the few misguided ones who are round-shouldered and bow-legged, on account of lugging around such a tremendous load of "ethics," we hereby include in our felicitations; we can afford to be generous, it is natural to us.

Standing on the "square deal" platform, and promising to have nothing to do with cliques, monopolies, combinations, freaks or exclusive freeze-out schemers, but to continue to publish a clean, up-to-date, high-class journal, we hopefully press on to the half-century mark.

MY FIRST ABDOMINAL SECTION.

By THAD. A. REAMY, M. D., LL. D.,

Cincinnati, O.

My first abdominal section was done in February, 1864. The patient, Mrs. ———, resided one mile south of Zanesville, Ohio. The operation was done in her own house. The late Dr. Hildreth, of Zanesville, assisted. Chloroform was administered by Dr. A. E. Bell, the family physician.

The patient was sixty years of age, married, the mother of three children. The cyst removed proved to be multilocular, weighing, with contents, forty-six pounds. The incision was made in median line, and five inches in length. Adhesions to the parietal peritoneum were extensive and at

many points comparatively firm. On their separation, which was done by the fingers, sponge and handle of a scalpel, considerable and persistent hemorrhage supervened. Before attempting delivery of tumor it was tapped with an ordinary trocar, patient turned upon her side in order to deliver the fluid into the vessel. The pedicle was ligated en masse by a heavy cord of shoemaker's thread (not silk). I here show a specimen which corresponds, in size, to the ligature used. The pedicle was divided with scissors and tumor removed. One of the ligatures was cut short, the other long, in order that it might be left hanging out from the lower angle of the abdominal incision after the wound was closed. The hemorrhage from the fields of separated adhesions was now a source of solicitude. It had been but little controlled by the few small sponges which had been left gently pressing the denuded surfaces. Considerable blood had already accumulated in the pelvic cavity. Cleaning this out, the re-accumulation was too rapid for my mental comfort.

What could I do? The vessels were too small and too numerous to ligate; chemical styptics within the abdominal cavity were deemed quite unsafe. I had not the surgical experience nor the common sense to pack with sponges or gauze so as to successfully compress the bleeding surfaces. The weather was cold, with an abundance of clean snow on the ground. I ordered some brought in. Compressing it with my hands into firm balls, it was held against the bleeding surfaces. The bottom of the pelvic cavity soon contained quantities of water from the melting snow, of course, mixed with blood. This was sponged out and the compression with snowballs continued. In a comparatively short time, to my delight the hemorrhage ceased, when I dried the cavity with sponges and closed, without drainage, except what could be secured by the ligature already referred to, which was left protruding from the lower angle of abdominal incision.

The abdominal incision was closed by through and through sutures of the same material and size as that used for ligating the pedicle. Ligatures and sutures corresponded exactly to those used by me in spaying sows when I was a farmer boy. By the way, the needle employed on this occasion likewise corresponded to that used in my work on sows. It was four inches long, heavy as the largest sized darning needle, gently curved toward the point, and

slightly flattened at the same end. The dressing consisted of a compress of gauze, several thicknesses, held in place by strips of adhesive, and over all a bandage. I remained with the patient day and night during the first four days, except that I was absent at my office two hours each morning. She was nursed by a daughter, who had had no training or experience. Comparatively little shock followed the operation. She vomited freely within four hours. This was not repeated. At no time did she suffer much pain. She was catheterized every six hours for three days, after which she voided her urine naturally. Twenty-four hours after operation pulse was 102. No record of temperature. Administered by the mouth 6 drops of Norwood's tr. verat. viride, repeated within four hours but only in 2-drop doses. This remedy was continued every four hours for sixty hours, except when the patient was asleep. After the second dose, pulse was reduced to 80. It did not rise above 80 during convalescence; much of this time it was below 70. All of this was by me, at the time, attributed to the influence of the veratrum. These were the days of my innocence and of undoubting faith in the potency of drugs. I had successfully warded off peritonitis.

On the second day after operation the patient received 10 grs. of calomel at a single dose, from which the bowels were freely evacuated. Gentle traction upon the pedicle ligature was made on the twelfth day and repeated each day thereafter until the sixteenth day, when it came away clean. The sutures from the abdominal wound were removed on the thirteenth day. Primary union complete, except at the point transmitting the long end of the pedicle ligature, and union here was firm within three days after its removal.

This woman survived the operation ten or twelve years, enjoying perfect health. No hernia.

This case serves chiefly, I think, to show the remarkable tenacity of life, the power to resist bad influences, possessed by some constitutions. Think of snowballs in the peritoneal cavity!

It is questionable palliation for part of my work in this case, that at the time it was done I had never witnessed an abdominal section. Nor did I witness one, by another operator, until after I had done twelve additional sections with three deaths and nine recoveries; leaving my record, thirteen cases, with three deaths and ten recoveries.

ASEPTIC QUALITIES OF THE COLORADO ATMOSPHERE.

By W. F. McCLELLAND, M. D.,

Denver, Colo.

Denver, Colo., 1876.

Dr. John T. Hodges, St. Louis:

The question is frequently asked by eastern physicians and others whether it is true or false that fresh meats will keep untainted, hung up in an outhouse or on the outside walls of a miner's or lumberman's camp, simply preserved by the purity and dryness of Colorado air. The truth of the statement I am ready to vouch for, and will give a few instances of the many which have fallen under my own observation. I have just closed my fourteenth year in Denver, Colorado, and in my professional visits over the country to administer to sick ranchmen I have taken my meals in all these places, and have seen the cook take her butcher knife and plate, go to the outhouse or outer wall of the camp, in or on which would be hanging a quarter of beef, or the saddle of black-tailed deer or antelope, which had been hanging there for general use for a week or ten days, and cut a plate of steak which looked as new and fresh, except for the edges being dessicated, as new-cut chops from a first-class meat market; and when cooked ready for the table, I found it fresh, sweet and tender. In fact, putrefaction to any great extent is out of the question.

The dryness of the atmosphere causes the outside to dry so perfectly that no vermin or fly can penetrate the substance, and if not interfered with the whole mass will desiccate to the bone. To this fact, all our old-time butchers will certify. It has only been a few years that ice has come into use by the butcher, the cause being the compactness of houses, sprinkling the streets, growth of towns and general irrigation. The desiccating process extends to carcasses of all animals, as well as to fowls and birds; the carcass of the largest animals, the horse and ox, undergoes but little

putrefaction; and if death occurs in the hottest days of summer, gas will form in the bowels, and in a short time will burst and escape; collapse at once takes place, and the drying up of the carcass begins.

The skin and muscles will dry down to the bone, and the carcass remains whole for an indefinite time, sometimes for years. I have seen the body of a dead horse keep its shape, with hide on most of its body, for over two years—which I used as a landmark in my professional visits in the night up and down Bear Creek. Later on the hide gave way, so as to expose the contents of the bowels, and there lay the contents of the stomach; the hay that the old horse had eaten at its last meal lay in this wigwam perfectly dry and preserved. The fact is, that when an animal dies, scavengers have to hurry even to get a taste, and that taste is usually confined to the eyes and externals of the carcass.

To prove this drying process you have got to go with me through the streets, alleys and vacant lots of our city and take a look at the dead dogs, cats, rats and chickens which dry up with the hair and feathers on, and rattle if you stir them.

The putrefaction so common in humid climes, with all its attendants, viz., the buzzard, wolf, green fly and maggot, is unknown in this country. The only fruitful field for the deposits of the green fly and the sports of the maggot is the slop barrel, which contains the debris or offals of the kitchen, kept well moistened and infrequently moved. To the question understood, that is, "Whether fresh meats and vegetables kept moist will undergo putrefaction," I answer, yes, but not so readily as in the eastern states. This is a very dry climate; dews and mold are very uncommon. I may remark in conclusion that the fresh meat must hang free, so as to allow a free circulation of the air.

LUMBAR NEPHROPEXY WITHOUT SUTURING.

By N. SENN, M. D., Ph. D., LL. D.,

Chicago, Ill.

My present method of nephropexy consists of exposing the kidney by Simon's vertical lumbar incision. As soon as the adipose capsule is reached the kidney is placed in proper position and is pushed forward into the wound by an assistant. About half of the kidney should project below the lower margin of the last rib. With dissecting forceps and curved scissors the adipose

capsule is excised over the whole posterior surface of the kidney. The kidney is now brought well forward into the wound, the cut margins of the adipose capsule are pushed away from the kidney until the borders are freely exposed, when the fibrous capsule is thoroughly scarified with a long needle.

At this stage of the operation the lower

pole of the kidney is grasped by its capsule with a French vulsellum forceps and brought well forward into the wound. With dissecting forceps, finger and blunt dissector the lower third of the kidney is laid bare and a strip of iodoform gauze about an inch in width and composed of four layers of gauze, is placed underneath the lower end of the kidney and each end brought out over the respective wound margin. By making traction on the forceps and gauze strip the lower end of the kidney is brought sufficiently forward to rest in the lower angle of the external incision. During the operation the margins of the external incision must be well retracted. With a long strip of iodoform gauze the floor of the wound is then carefully packed in such a way as to force the pararenal fat away from the borders of the kidney, leaving the posterior scarified surface of the kidney well exposed, when, with the same strip of gauze, this is covered and the whole wound well tamponed with another piece of gauze. The strip of gauze holding the kidney is then tied over the iodoform gauze tampon, which forms a wedge, and will effectually prevent displacement of the organ until firm adhesion has rendered any direct mechanical support superfluous. The two pieces of gauze are tied together and the wound dressed in the usual manner. No part of the lumbar incision is sutured. The patient is then placed upon the back and a firm compress the size of an adult's fist is placed over the kidney below the costal arch and held in place by a wide strip of adhesion plaster encircling the entire body. The patient is placed in bed with the pelvis

slightly elevated, and is directed to remain in the dorsal recumbent position or side operated upon for at least four weeks, the time required for the formation of pararenal adhesions sufficiently firm to hold the organ permanently and securely in its new location. At the end of five or six days the tampon is removed. At this time the whole wound, including the capsule of the kidney, will be found paved with vigorous granulations. The granulating surfaces are now brought together and held in contact with strips of adhesive plaster over a small absorbent aseptic dressing. Over this an additional dressing is applied, which with the abdominal compress is held in place with an additional strip of adhesive plaster and gauze roller. At the end of three or four weeks the whole wound will be found healed by primary intention and the kidney firmly fixed in its new location. The retention of the kidney in its normal location by this method affords not only a firm support by permanently fixing the lower end in the lower angle of the external incision and by securing broad surface adhesions, but the oblique angle in which it is anchored adds another mechanical condition calculated to maintain the organ in position, while this position will also tend to correct flexion of the ureter if such exist at the time the operation is performed. The immediate and remote results obtained by this method of operating in the last four cases have proved so satisfactory that I am not disposed to return to suturing again and strongly recommend this method of performing nephropexy for further trial by the profession.

A MACEWEN OPERATION FOR THE RADICAL CURE OF HERNIA..

By CLAYTON PARKHILL, M. D.,
Denver, Colo.

In all the centuries of medical history the treatment of hernia has been unsatisfactory and imperfect, and each surgeon in his turn has given more or less thought to its permanent relief. Not until the days of Macewen, Czerny and McBurney, have operations for its cure given satisfactory results. The mode of procedure devised by those surgeons, respectively, are still sub judice and statistics are imperfect, and it is only by way of adding one more case to the credit of Macewen that I report the following:

Mrs. D. H. entered St. Luke's Hospital during my last term of service, having an inguinal hernia of the left side. She was ruptured June 27, 1886, through lifting a heavy kettle while performing household duties. From that time until her entrance into the hospital she had been treated by numerous surgeons and various forms of

trusses had been used. No plan of treatment had been satisfactory and no instrument had retained the hernia without great pain. She was a well nourished woman, in excellent health, aged twenty-seven.

By way of preparation for the operation, on the day preceding it her diet was light, principally fluid, and in the evening she was given a full cathartic of sulphate of magnesia. I was assisted by Drs. J. F. McGarvey of Minnesota, E. R. Axtell of this city, and R. B. Knight, resident physician, the last of whom administered the anaesthetic. Before she was placed on the table, the hernia was examined and it was found to be as large as a small fist, lying in the left labium. When anaesthetized, the parts were thoroughly scrubbed with soap and water, the hair shaved away, parts again washed with ether and finally with one to two thousand bichloride solu-

tion. While doing this it was discovered that the hernia had become reduced, either when she was in the act of lying down upon the bed, or while coming under the influence of the anaesthetic. I had in mind, up to that time, the Macewen operation, but when I found the hernial mass had receded I thought probably it would be more easy to do the Czerny or the McBurney than to attempt to dissect out the flaccid sac. An incision was made, beginning at a point a little above the middle of the inguinal canal and extending in a curved direction forwards and downwards over the external ring to a point midway of the labium. The tissues were freely divided down to the sac at once. There was no mistaking its character, so after checking the bleeding, which was trifling, I again decided to attempt the Macewen procedure. The difficulty of dissecting out the empty sac was not so great as I had anticipated. It was done principally with the fingers. It was completely freed from the inguinal canal and, continuing through the ring, the peritoneum was loosened from its attachment to the abdominal wall to the extent of three-quarters of an inch surrounding the ring on its inner aspect. The sac was then folded upon itself in accordion shape and a needle loaded with chromicised catgut was passed through and through these folds and brought out through the oblique muscles of the abdomen above the ring, as directed by Macewen.

The needle was then unfastened from the thread and threaded upon the other end, when it was passed out through the abdominal muscles above the external ring. When firmly tied, this drew the folded sac inside the abdominal cavity, where it rested as a pad against the inner ring. The canal was

then closed by six strong catgut sutures, after the manner of Macewen, firmly stitching the external pillar of the ring to the conjoined tendon, afterward stitching the two pillars of the ring to each other and effectually securing obliteration of the opening. The wound was now dusted with iodoform, a bone drainage tube was introduced, extending up as far as the external ring, and the superficial wound closed. This was again freely powdered with iodoform and a large pad of bi-chloride gauze applied. This was covered with antiseptic cotton and a spica bandage was used to complete the dressing.

The evening following the operation, the woman was perfectly comfortable and had a normal temperature. The second evening was equally good, with temperature 99, but the evening of the third day she had become somewhat constipated and the temperature ran up to 100. It fell immediately to normal on moving the bowels with a saline purge. On the fourth day the dressing was removed. The wound was found completely closed, without any excessive inflammation and without the formation of a drop of pus. All but one or two of the deeper sutures were removed. A dressing similar to the first was applied and on the third day following this was removed. Not a drop of pus had formed. The final sutures were taken out, together with the drainage tube. The recovery was uninterrupted and at the end of three weeks the woman was entirely well. A light truss was applied, with a large concave pad fitting over the position of the ring. This will be worn for six months or a year. This is the first Macewen operation that I have done, but I am more than pleased with its results.

IMPORTANCE OF SIMPLICITY IN ALL SURGICAL DETAIL.

By JOSEPH PRICE, M. D.,
Philadelphia, Pa.

My subject is the suggestion of my own method of surgical procedure, of my failures and successes. It does not relate to the more intricate and abstruse problems of the science and art of surgery. It touches alone those simple truths which the aggregate of my experiences have crystallized with a strong surgical faith. In my specialization I may have limited my field within too narrow limits to be in strict accord with the ambitious, outreaching, grasping spirit of the period, but the motive in my specializing has been to do, even if it was very little, to do that very little thoroughly and well. To do this, I have adopted the simplest forms of procedure. Nowhere is simplicity and orderliness more forcefully taught than in the processes of nature itself.

In using the term simplicity I mean to interpret it in its broadest scientific significance, as it applies to surgery. Every surgical operation, whatever its character, should be done with the least possible fuss, amid the fewest, plainest and simplest surroundings. Only the very least of the needful appointments and furnishings should be in the operating room and the room of the patient. All the surgery, down to the smallest detail, should be done, as far as possible, by the operator himself with little assistance, and that little should be as trained and skilled assistance as it is possible to obtain. There is a great risk that our skill and successes may make us careless as to many important factors of success. There is no possibility of our ever over-estimating our responsibility.

There should be few nurses in the operating room, little talk and that in the lowest possible tones; every step and move should have a considered and definite purpose.

I remember to have witnessed a simple operation—the operator's attendants were seven residents and nine nurses. The loins of the attendants were neatly bound around by baseball belts, their hair thick, long, and carefully plastered down and parted in football fashion. The nurses were trim in oriental costume. The scene amid this preparation for a funeral was unique, solemn and impressive. Listerism was carefully prac-

ticed. The operation lasted one hundred and forty minutes. I did not stay to see the patient re-opened and the lost sponges searched for.

Our faith in the simplicity of methods is grounded in experience and the observation of facts. This experience has proven the need of but few instruments and improved our mechanical technique. A high mortality in surgery is always in accord with the limit of experience, inaptitude, inaccuracy, inattention to details, non-observance of the simple precautions which cleanse away and ward out dust.

THE INFLUENCE OF THE CLIMATE OF COLORADO ON THE NERVOUS SYSTEM IN DISEASE.

By J. T. ESKRIDGE, M. D.,
Denver, Colo.

It will be convenient to consider the unacclimated and the acclimated at the same time, under one heading.

Most health-seekers who come to Colorado are suffering from tuberculosis of the lungs. Many nervous and mental disturbances frequently develop during the course of this disease. The most prominent of these are insomnia, nervous irritability, mental depression, sometimes amounting to melancholia with suicidal tendencies, and meningitis.

What, if any, are the influences of Colorado's climate in developing, lessening or in relieving these mental and nervous complications in tuberculosis?

Insomnia in tuberculous subjects that is due to mal-nutrition resulting from wasting of the tissues, poor assimilation and indigestion, is almost invariably relieved here if the condition of the lungs is such as is likely to be improved by a residence in this climate, provided the patient does not take too much exercise, especially during the first months of his stay in Colorado.

Nervous irritability, due to the depressing influence of tuberculosis, may be greatly lessened or almost entirely gotten rid of if the health of the patient improve. On the other hand, persons who have had irritable and impressionable nervous organizations from childhood, the "inherently nervous," as I have termed them in previous communications, are not likely to receive any relief from their nervousness in Colorado. In fact, this class of cases are likely to become more nervous here unless a very quiet life is led. Of course, there are exceptions to this broad statement.

Mental depression in tuberculous subjects is more common here than what is found at sea level. There are several reasons for this state from causes other than climatal.

Patients here are often separated by hun-

dreds or thousands of miles from relatives and friends, and they feel their isolation and loneliness keenly. They frequently come here with insufficient means for their support, and are compelled to seek some employment immediately on their arrival, or before they are able to do any kind of work. I have seen an undue proportion of cases of severe mental depression and melancholia among these two classes of cases. Melancholia is exceedingly rare in the better favored classes of tuberculous subjects.

The question may be asked: Is tuberculosis more likely to attack the central nervous system in Colorado than is found to be the case at sea level? In the adult, I think we may safely answer in the affirmative; in children, if we take into account the larger proportion of tuberculous parents in Colorado, it seems to me that we are justified in answering in the negative. The reason for the central nervous system in the tuberculous adult suffering more frequently from tuberculosis than what is found at sea level is not far to seek. Of the great number of tuberculous patients that come to Colorado for their health only a small per cent. are permanently cured. Not an inconsiderable number die after a few months' or a few years' residence here, while the vast majority that do well live many years and lead comparatively useful and active lives. These always remain tuberculous; with a lessened power of endurance and resistance. They often do as much work as healthy persons, and often more, and expose themselves until at last their vitality is permanently far below normal, when the tuberculous processes begin to attack the various organs of the body, until finally the bacilli find entrance to the central nervous system, especially to the membranes of the brain. In a few words, tuberculous subjects live longer in Colorado than at sea

level, more tissues are invaded by the bacilli and the membranes of the brain form no exception to the general process of invasion.

How are such functional diseases of the nervous system as hysteria, neurasthenia (commonly known by the laity as nervous prostration), chorea, epilepsy, migraine, nervousness or nervous excitability, insomnia and neuralgia influenced by the climate of Colorado?

Hysterical subjects do better at sea level than in Colorado, unless the hysterical manifestations are due to depressed states of health that are relieved by a residence in Colorado.

Neurasthenia.—The same may be said of neurasthenic subjects, except that some of the causes of neurasthenia are more commonly removed by a residence in Colorado than are those of hysteria. Neurasthenic persons should lead quieter lives in Colorado than at sea level. It is here that the Weir Mitchell "Rest Cure" shows off to excellent advantage.

Sufferers from sick headaches, or migraine, usually do better at sea level than in Colorado, although the headaches are often relieved for a time on the patient's first coming to Colorado, but are made worse by a prolonged residence here. After a short stay here sufferers from sick headache are often free for months on returning to low altitudes. The ideal life for those afflicted by migraine is a frequent change of climate from Colorado to sea level, living at least two-thirds of the time at low altitudes.

Choreic patients should not be sent by choice to Colorado for treatment, because all such functional nervous diseases are more or less unfavorably influenced by the climate here, especially when the altitude exceeds 4,000 to 5,000 feet. However, if by force of circumstances choreic children are

compelled to come to Colorado, they can be cured in about as short a time here as they can at sea level, provided the precaution is taken to keep the patients in bed until all violent movements have subsided.

Epileptic patients seem to be unfavorably influenced by the climate here, but not nearly to the extent as is popularly believed. As a rule, the higher the altitude, the more violent and frequent the attacks.

The nervous and the impressionable from childhood are less comfortable in Colorado than at low altitudes, but they can reside here with comparative comfort if they live quiet lives and do not enter into business or social engagements that are too exacting. On the other hand, those who have become nervous and run-down East by worry, overwork (especially the mentally exhausted), too great social cares, and by bearing burdens too great for their strength, come to Colorado and live quietly, without allowing themselves to become mentally or physically exhausted, do well here and apparently regain their health more rapidly than at sea level. One apparent reason for this result is the amount of sound and refreshing sleep obtained here for this class without the use of hypnotics.

Insanity is less frequent here than in the eastern states, in proportion to the population. It runs about the same course here as it does at sea level, with the exception of the excitable and wildly maniacal, whose irritability is apparently increased by high altitude and a dry atmosphere.

Organic Disease of the Nervous System.—I have been unable to observe any marked difference in the frequency, course and results of this class of nervous diseases here from what I found to hold in Philadelphia, in which city I practiced for nearly ten years before being forced to seek Colorado's climate.

RESPONSE TO THE TOAST—"THE COUNTRY DOCTOR"—AT THE COLORADO STATE MEDICAL BANQUET.

By DR. JESSE HAWES,
Greeley, Colo.

Mr. Toastmaster and Gentlemen:

How, then, you ask, may you know the country doctor from the city physician? There is one crucial test, and that is the size of their bills. I need not designate which one of the two gentlemen demands and receives for his consultation double and quadruple and quintuple fees; I will only mention as my observation that quite early in his professional life the city physician leads you to believe that he is something of a capitalist; that he has stored away as a nice little nest-egg, choice corner lots in the city of his adoption; while the coun-

try doctor, if he fear God, and be assured of a moderate amount of daily bread, goes down to old age, gray hairs and a concave abdomen, resigned to the financial rewards of his profession, if not satisfied with them.

I have stated to you before that I have met the country doctor often. I know him well. I have met him socially as a citizen, and professionally.

Like other doctors (save always with his competitor), he is one of the best of good fellows; as a citizen he belongs to a high type. But it is of him professionally that you expect me to speak this evening.

Professionally, he is found on many planes, from the lowest to the highest.

Go with me in search of a collection of cranks in all lines of human activity, and when all our labors have been completed I will show to you among our choicest specimens a fair percentage of country doctors.

Seek for the men who have had given to them at some period of their lives one single lonesome idea. Observe how they have kept this single idea in their heads drying and dessicating until it has become mummified. Observe them, how they bow down to and adore that idea, as Chinamen worship the bones and shades of their ancestors.

Draw nearer, and you will find that a fair percentage of these worshippers of a single idea are country doctors. I would, gentlemen, that I could truthfully say that the worshippers of a single idea in our profession were never found within the gates of the great cities.

To see the country doctor in his most normal condition, we must follow him far out upon the plains and over the mountain trails. We must go with him to the log cabins, the sod houses and dugouts.

Here he has no well-stocked instrument house within a few blocks; here he has no medical library to consult within a few minutes' walk; here he must depend upon the stock of knowledge already laid up, reinforced by native ability; here he will make a first-class splint from the palings which he has picked from the backyard fence; here he will make a very acceptable, temporary club-foot apparatus from a baling wire and a bandage; here he will make excellent sutures from the hairs plucked from the mane or tail of his horse.

Mr. Toastmaster, there is an old adage, that "you can't make a whistle from a pig's tail," but our country doctor will take the urinary viscus of that pig and with it will, on occasion, administer to his patient an enema that by its results shall make him happy for a week.

The city physician is quite unfamiliar with the work demanded of his rural brother. Let me tell you that he shall be called up this morning to consult with a farmer in regard to his colicky horse; to-day he will perform an abdominal section; tonight he must use forceps in the high operation; tomorrow he must treat cases of menorrhagia and typhoid fever, or splint up the fractured hind leg of an old maid's pet poodle; next week he must resect an elbow; treat cases of Pott's disease of the spine; contend with an hysterical woman; pull the teeth of the growing child, or administer to the baby in infantile convulsions. Good in most cases, thorough in none, he must be an all-around specialist.

He is a better surgeon than the obstetric specialist. He is a better obstetrician than the professor of diseases of children, and he treats diseases of children better than

the gynecological specialist, yet he is so unable to distinguish the little difference there is between himself and the estimated "Great Lights of Medicine," that he concedes all the latter may claim.

There are shadows in the life of the country doctor unknown to his city brother. He can not shift the responsibility of his cases on the neurologist, the gynecologist, or the professor of the special diseases, and when the wings of the angel of death are darkening the couch of his patient, when the young mother is beseeching him to save the life of her baby, when the young wife, who but a few months before was a bride, is imploring him to rescue the life of her husband from the relentless grasp of death, the country doctor, in his isolated position, can not call in two or three friendly professional neighbors and with them divide his mental distress. He must tread the wine-press of professional anxiety alone. But, thank God, there are rays of sunshine in the life of him of whom I am speaking unknown to the city specialist.

His patients are more loyal to him. They wander less after strange doctors. He is more to his patients, and they are more to him.

When the country doctor loses a patient, he usually loses one of his tried and trusted and appreciative friends.

Gentlemen, a few months ago I remarked that upon almost the highest planes of medicine were to be found some who had been in early life, or who continued through all their lives to be country doctors.


The originator of vaccination; that man who gave to humanity the greatest boon ever conferred upon our race by a physician, was pre-eminently a country doctor.

The physician who originated ovariectomy, who has done so much for the women of the nineteenth century, and all the centuries that shall follow, lived and died a country doctor.

One of the boldest surgeons of New England that it was ever my good fortune to know, William Warren Greene, began his professional life in a little village in Maine.

Austin Flint, whose name and fame have gone to the utmost corners of the medical world, in his early years practiced in Massachusetts as a country doctor.

Nathan S. Davis, the father of the American Medical Association, was practically a country doctor in New York when he impressed that splendid idea upon the profession of America.

One of the most eminent surgeons, not only of America, but of the world, Nicholas Senn, began practicing his profession in a little hamlet in Wisconsin. But I must not weary you with a longer list which might be given. An intimate acquaintance with the country doctor has taught me that clear heads, fair common sense and true, brave hearts are not infrequently found outside of the limits of the great cities. 

THE CLIMATE OF DENVER AND ITS VICINITY.

By CHARLES DENISON, M. D.,

Denver, Colo.

We do not claim, as many physicians wrongly do when sending patients here, that the climate alone is sufficient for the cure of chronic pulmonary ills, but we do claim that it is the most potent of all aids to a cure. Whether the proper appreciation of the climatic question is 20, 30 or 40 per cent of all that can be done for a given consumptive invalid, yet a wise individualization and proper use of other aids should not be neglected, as systematic exercise, good feeding, seasonable inhalations and other direct treatment of the case in hand, under the guidance of a resident physician.

The greatest desideratum of all is that the healthseeker resort to this inland high climate before it is too late. The season of the year or any other consideration does not equal that of taking the case in hand before there has been any breaking down of lung tissue, whether due to tuberculosis, catarrh or chronic inflammation, with or without hemorrhages. If scientific knowledge applied to the early detection of pulmonary tuberculosis and to the application of proper climatic relief were everywhere sufficient to recognize this desideratum, the result from the coming to Colorado of selected invalids would be uniformly favorable. Unfortunately investigation is often tardy or liable, like all human effort, to err. Invalids procrastinate and conditions are perverse; so it happens that the great majority of incoming consumptives have already the third or last stage of the disease in some portion of their lungs.

It is preferable, if possible, that high daily fevers shall have been allayed before coming; and the same may be said of existing pleurisy or active hemorrhages. After this, hemorrhagic and inflammatory cases are the most favorably influenced of all varieties.

The climate seems to be eliminative of malarial poison, if already this uncertain complication has not too much aggravated a tubercular infection. Youth is no bar to the resort to high altitudes, but a reason for it, if otherwise indicated. Old age is more of a bar, for acclimatization is correspondingly more difficult when serious lung disease has impaired one's ability to exercise. Most serious heart diseases, and advanced and active disease in both lungs are, however, contraindications. On the other hand, asthma, if it is pure bronchial or spasmodic asthma (not too much complicated with emphysema or bronchial dilations), is a most promising disease for the high altitude. The spasmodic contraction of the bronchial tubes, so characteristic of simple asthma, seems to find an elevation where the distress is gone and the breathing is free. This happens perhaps at Denver, or one or two thousand feet higher. Many of the present residents of this locality were once asthmatic, and are here comparatively free from the disease. In fact, a personal study of our Rocky Mountain civilization will show that the life, energy and successful growth of this section is largely contributed to by the healing influence of our dry, sunny, electrified and rarefied atmosphere in consumption, bronchitis and asthma.

REMARKS ON PELVIC SURGERY.

By BYRON ROBINSON, B. S., M. D.,

Chicago, Ill.

The rapidly changing methods in pelvic surgery are due to the rapid development of the subject. Pelvic surgery develops so rapidly that only the devoted specialist can keep pace with its numerous procedures. So many operative procedures are proposed that the specialist alone is capable of choosing and executing the best and fittest. Besides, time alone can decide how long some are worthy to live. However, the proper knowledge is necessary to apply distinct procedures to individual cases. Four years ago I introduced a method for certain pelvic operations, which was to tie the ovarian and uterine artery as far as the internal os, as it passed through the broad ligament. It accomplished the object of its introduction, viz.: Atrophied the uterus, shrunk away

the large myomata, retained the uterus in a normal position, checked menstruation and hemorrhage, but it is only applicable and useful to certain cases. With time, however, I find increased acquired skill lessens the number of cases in which it is thought best to apply it.

Again, we all know the passing furor of the Apostoli method. I entered the field to disperse all tumors and diseases of the pelvic organs with a battery. Many sincere and educated physicians adopted the Apostoli procedure. But in a short time I found not only that Apostoli's method of applying electricity to uterine disease failed generally, but it was absolutely dangerous. Patients became infected and harmed. The claim that electricity would cure myoma,

extra-uterine pregnancy, version, flexions, dysmenorrhea proved to be a failure. Several of the champions of Apostoli's method used it as a stepping stone to secure myomata of the uterus to operate on. They well knew it would not disperse the tumor. Besides, my associate, Dr. Lucy Waite, was a student of Apostoli, and she has practically abandoned the method, only using electricity in a very limited number of female disorders. Still, I know adherents to the Apostoli method, but apparently only to secure operative cases. Thus, most of the present recognized gynecologists have witnessed the passing of the Apostoli method of treating uterine myomata. Unfortunately, while passing, indiscriminate gynecologists damaged many female patients. It induced intra-uterine tinkering, resulting in many infected pelvic organs.

Again, we have witnessed the wholesale slaughter of tubes and ovaries for imaginary diseases. This was termed pelvic surgery. But observers soon found that the removal of diseased tubes and ovaries did not cure an old, diseased uterus, so pelvic surgery took a beneficial shift and the uterus became sacrificed with the adnexa. This is a significant step in pelvic surgery and has come to stay. It cures the patient. But pelvic surgeons still fight as to the methods of executing the hysterectomy. Myomectomy flared up in pelvic surgery, but soon subsided. It did not change the progress nor alter the course of pelvic surgery.

Alexander-Adams' operation arose in the field of pelvic surgery as one of the worst of all stumbling blocks, for thousands of Alexander operations have been done for imaginary diseases. It has no standard of pathologic indications. When in doubt, do an Alexander, seems to be absolutely the standard of the devotees of this operation. One young gynecologist reports four hun-

dred Alexander operations in a few years. Some well known, well recognized gynecologists do not perform the operation. Alexander's operation is the bugbear of pelvic surgery. Only the devotees of the operation see much indication for it. It is done on neurotic women for numerous manifestations; she is put to bed a month, and the improvement from the rest in bed for a month is misinterpreted as due to the operation. As it is not dangerous, it is indiscriminately employed, especially in neurotic and complaining women.

Pelvic surgery has also observed the operation fervor of hysteropexy, of suspending the uterus. It is against all physiologic principle to fix any movable viscus. To fix a movable viscus is to dislocate it. Besides the untoward effects of hysteropexy on subsequent labors has fortunately branded this operation as dubious, as questionable business.

There arose in pelvic surgery the tripod of evil, viz.: The sound, the curette and dilator; instruments which have accomplished vast harm. The sound, the curette and the dilator belong especially to the so-called tinkering gynecologist. The sound has done more harm than good. It should not be used for diagnostic purposes. It has infected thousands of innocent women. As a pry to "replace" the uterus it is bad practice and often a criminal process. The dilator generally traumatizes the uterine wall, so that infection spreads wider. It has accomplished vast evil and some good. The curette is doing more harm than good in pelvic surgery, because it is indiscriminately used. Besides, the mere scraping of a little surface of mucous membrane from the uterus is of small value. The applied carbolic acid is perhaps the agent of real value, as well as the rest in bed.

RECREATION FOR INVALIDS.

By E. A. LEE, M. D.,

Fort Collins, Colo.

The best time for going to the mountains is after July 15th, when the rainy season is mainly over, and some of the best trout streams in the country are found in Northern Colorado and Southern Wyoming. Take the Colorado & Southern Railroad north from Denver, get off at Loveland, where private conveyances can be procured to reach the Big Thompson, ten miles west. In this stream trout are usually plentiful and easily taken, but not very large. Next in order comes the Cache la Poudre river at Fort Collins, where transportation can be procured to reach the Poudre canon, ten to fourteen miles west, where good-sized fish

can be caught and occasionally some very large ones.

Those wishing to penetrate farther into the mountains may do so by taking stage to Fort Collins for Campton's Hotel in Cherokee Park, distant thirty-five miles, and located on the North Poudre river. The scenery in this locality is very beautiful; the large, rustic hotel, surrounded by many cottages, affords very desirable facilities for any class of people who enjoy natural beauty combined with restful quiet at a cost of \$10 a week, fishing included.

Farther up in the mountain is Zimmerman's Hotel, an excellent brick building,

well furnished, having many modern comforts, good fare, and well kept. This resort is located on the main Poudre, sixty miles up the river from Fort Collins. (Daily stage from Fort Collins.)

Physicians having patients or families needing but little active medical treatment can send such to these places with no small degree of assurance that they will be more than pleased, as well as much benefitted, as they are sufficiently elevated to be cool, also remote from lines of travel, and therefore fresh and clean, and not crowded or stuffy from age or use. The Big Laramie river, having its source on the eastern slopes of the Medicine Bow range, flows northward into Wyoming and is reached by stage from Laramie City on the Union Pacific, or by stage road from Fort Collins, distant seventy miles, which road is rich in beautiful, bold scenery, traversing in many places one of the densest forests of the state.

This stream, with its tributaries, supplies nearly one hundred miles of very fine fishing. Road ranches and summer hotels care fairly well for the trouting public, and those who are accustomed to "roughing it" will here find little to complain of and much to delight them. One of these tributaries, known as the McIntyle, possesses very rare and beautiful scenery, fine woods and such a profusion and variety of flora as will well repay one for the time and cost of a journey to enjoy them. Through its deep and heavily shaded, mossy and fern-carpeted canon,

the stream in its rapid course descends over huge boulders, lashing itself into white foam and so interspersed with numerous little falls as to lend a charm to the surroundings, which the writer in his thousands of miles of mountain travel has rarely seen equalled and never excelled.

North Park has several excellent and well stocked trout streams of good dimensions, all having their origin in the mountains that form the rim of that great basin, then converging and flowing to the north end of the park, by their confluence form the North Platte river. This stream at once enters a deep canon, and cutting through the mountain for a distance of twenty miles, again emerges on the Laramie plains. It is of such size as to be seldom fordable at any place during any season of the year. This river was stocked many years since by the citizens of Wyoming with rainbow trout, and it is here the sportsman reaches the tip-top notch or high-water mark of trout fishing—it is his veritable paradise. By leaving the Union Pacific railway at Laramie City or Fort Steele, all desirable points on this stream can be reached.

The fish here are very large, catches being made measuring twenty-four to thirty-six inches, and weighing from six to twelve pounds. The fisherman who meets one of these fellows for the first time will be in some doubt whether he has been suddenly hitched to a bucking bronco or struck by a cyclone.

TUBERCULOSIS: ITS ETIOLOGY AND PROPHYLAXIS.

By J. W. EXLINE, M. D.,
Denver, Colo.

The mucous membrane and healthy tissues have a resistant power not possessed by them when their continuity of structure has been interrupted, or when enfeebled by disease. Therefore, traumatism not unfrequently determines the localization of tuberculosis. This has been well demonstrated by contusing the joints and injuring the bones directly after inoculation into these parts. For a similar reason I believe that timely attention to the slight inflammations and abrasions of mucous tracts, offers no uncertain degree of protection. When the surgical removal of localized tuberculosis is practicable, it lessens the risk of general tuberculization and should be commended.

There is another source of infection to which I wish to give brief consideration. I think travelers contract phthisis, many times, not because they have taken cold from exposure to the dreaded draughts of air in ship's berths and sleeping cars, but for the unsuspected reason that they un-

wittingly inhaled large numbers of bacilli from the dried sputa of tuberculous voyagers who have occupied the same apartments before them. The same observation is equally applicable to our hotels and other places of public entertainment. Imagine what might result to a susceptible person, especially one of feeble constitution, whose resistant powers are in a compromising state, if consigned to a room and bed previously occupied, maybe for weeks, by one or more persons suffering from pulmonary tuberculosis. Careless as to where they expectorated; often spitting upon, or under the edge of the carpets or rugs, or into some dry receptacle, where the sputa remain until the bacilli are liberated, and the furniture, bedding and air of the room as completely contaminated as if purposely contrived. Can we be indifferent to such dangers?

The subject of climatic influences belongs largely under the head of treatment. But to persons who, from heredity, exposure, or both, are thereby rendered less resistant

to contagion, I certainly would advise residence at an elevation above the sea from four to seven thousand feet, and that in a district but sparsely populated. It is well known that fewer cases acquire the disease west than east of the Missouri river. I made an effort to learn the percentage of cases supposed to have been contracted in the State of Colorado, but from indifference of health officers to a modest request for needful information, or from imperfect and incomplete records, I could not obtain this knowledge. According to the records of this city, which are rather complete in detail, not quite 3 2-10 per cent of those who have died here of tuberculosis in the last three and a half years, were reported as having contracted the disease in this state.

It is my opinion that, notwithstanding so many consumptive people find their way here, and very many of them in the advanced stages of the disease, when expectoration is abundant and the number of bacilli cast from the body almost unlimited, if efficient effort was made to destroy the expectoration or render it innocuous, scarcely a single case would have its origin here.

The mean altitude of this state is such, other considerations contributing, that comparatively few microphytes are found in the

air, unless furnished to it as I have before indicated. Our dry and sandy soil is a matter of no small importance. The most salutary element in our climate is its almost perpetual sunshine. Experiments were made by Dr. Ransome of England, last year, to determine the effects of light, soil and air in mitigating the virulence of phthisical sputa. Accordingly he inoculated rabbits with sputa exposed to such sunlight as the neighborhood of Manchester affords in the spring of the year, for five weeks, and other rabbits with sputa kept in a darkened room for the same length of time. Of the rabbits inoculated by the former, two-thirds were in good condition when killed, one-sixth gave evidences of caseation, one-sixth yielded tubercle bacilli.

Of those inoculated with the virus kept in a darkened room for five weeks, four-sevenths were emaciated, three-sevenths were caseous, and a like number contained bacilli. Although the number of animals experimented on were too few to give reliable data, still, as far as it goes, the trial proves the salutary influence of sunlight mitigating the pathogenic properties of tubercle bacilli. The fiat of every physician should be, "Let there be light."

"ONLY A COLD."

By I. N. LOVE, M. D.,
St. Louis, Mo.

"Only a cold" sometimes means a dangerous or deadly capillary bronchitis within a few hours, or pneumonia. Those of us who have had an acute cold or influenza, with all the accompanying aching of every muscle, soreness of chest, constant inclination to cough, which, when responded to, racks every nerve in the body, accompanied by splitting headache, may readily understand that when such an attack "rattles" us so completely, and so nearly "knocks us out," it is really dangerous to the young child. Babies, even children of larger growth, can never have a cold without being in danger of something worse, and every cold needs prompt treatment; nursing, coddling, kindly care. On general principles the first indication in these cases is to produce a complete relaxation, and to this end nothing is better than a hot bath, unless the temperature is already too high, in which case the bath should have a mild degree of warmth, and subsequent sweating should be secured, but care should be exercised to prevent another chilling of surface later. A mild remedy should then be given to open up and clear out the bowels.

If the catarrhal disturbance be located (and nearly always there is some of it at

least) within the nasal passages, we should direct our thoughts towards soothing and opening up the same, with a view to aiding respiration, and to this end the free flushing through the nostrils of melted vaseline or liquid albolene is good. We may often relieve as if by magic the discomforts of an almost frantic child, whose head is almost completely "stopped up," as it were, by cleaning and washing out the nose with real warm water, thus soothing the irritated membrane, securing a more prompt reduction of the inflammation. The more promptly the mother can relieve and remove entirely the morbid conditions of these mucous membranes in the children under her care, the better; because, aside from the discomforts, aside from the dangers immediately incident to the inflammatory disturbance, she must remember that there is constantly a tendency towards a chronic irritation in these parts if they are not promptly relieved. The inflammation may be of such a character as to denude the mucous membrane in spots here and there, and whether denuded or simply inflamed, if this condition is permitted to remain, we have present in the little patient a constant invitation to various germs which are ever present in the at-

mosphere, and particularly in the sewers, to enter and abide therein. In cities, more especially, where diphtheria, scarlet fever and various other germ diseases, like the poor, are always with us, it is well to keep in mind that the sooner the child is put in a perfectly healthy condition, particularly in its mucous membranes, the less the liability to its falling a victim to the diseases mentioned. So, even a simple cold in the head, if neglected, may breed a chronic nasal catarrh, or, if continued, whether acute or chronic, it must be remembered that this particular child is the more susceptible to the contagion of diphtheria and

other diseases. Diphtheria which gains entrance into the nasal passages, is a serious form, for the reason that it is frequently overlooked, and thought to be nothing more than a slight suppurating catarrh, until the patient falls a victim to an overwhelming blood poisoning. When we bear in mind the anatomical structure, and the free distribution of lymphatics, or absorbent vessels, in the nasal passages, we understand why diphtheria gains such rapid entrance into the circulation, and causes such profound systemic poisoning, when located in this region.

AN ADDRESS DELIVERED AT THE GRADUATING EXERCISES OF THE GROSS MEDICAL COLLEGE, IN DENVER, APRIL 25, 1899.

By HON. A. B. SEAMAN,

Denver, Colo.

The medical profession has the highest aim of any learned profession dealing with temporal affairs. Its ambition is to add to the comfort and duration of human life. It is the most entirely philanthropic of any profession, except, possibly, the ministry, and yet people have no hesitancy in charging a doctor who for the protection of the people, and incidentally his professional standing, desires to see good medical legislation, with being actuated by supremely selfish motives. A more unjust, unkind and less deserved criticism was never made. I undertake to say that there is no class of people, professional or otherwise, dealing with human affairs, which unhesitatingly and graciously gives so much to humanity as the medical profession.

Medical ethics are assumed to be a system of ethics for the benefit of the medical profession. This is an utter mistake; medical ethics are of much more interest to laymen than they are to physicians. Medical ethics for the most deal with the duties which physicians owe to their patients and mankind, and with the corresponding obligations which patients and mankind owe to physicians. Except that it would degrade the profession, from every selfish standpoint, medical ethics could be wiped out of existence without injury to physicians. From a financial standpoint it would be of immeasurable advantage to them, yet mankind would suffer to a degree little realized. There are but few, and, I might say, none, of the principles which enter into medical ethics which do not result for the direct benefit of the people. Most of us little realize what it would mean if professional ethics were abolished.

It is worthy of note that the basis of the American Code of Medical Ethics was prepared by Dr. Thomas Percival, an English

physician, for his son, who was about to engage in the practice of medicine. It was the advice of the father to the son, and, he said, prepared "with the tenderest impulse of paternal love, and not a single moral rule was framed without a secret view to his designation, and an anxious wish that it might influence his future conduct." Springing from such a source, there is not apt to be much but good in it. Among the first provisions of the code of medical ethics is that which requires secrecy on the part of the physician with reference to all that he learns in a professional way concerning the patient.

The physician becomes acquainted with the private character of his patients; he knows their weakness, their faults, their vices; he learns their family secrets—all of which he is prohibited from in any way exposing, by the very fundamental ethical principles of his profession. Do you ever stop to consider how closely your family physician is allied to you? How it frequently happens that he holds your very welfare in the hollow of his hand? How many have imparted to him that information which, if made public, or ever told to the members of their own families, would bring upon them degradation and dishonor? How often did you ever hear of the violation of this trust by a regular practitioner of medicine? I undertake to say there is not a person within the sound of my voice who ever knew of a regular physician betraying such a confidence and such a trust. Do we realize what a tribute that is to the profession? Do you know that that gives the profession as high a standard as can be made by humanity? There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical.

THE DOCTOR IN POLITICS.

By W. J. FAIRFIELD, M. D.,

Delta, Colo.

Physicians are a class to themselves, ever before the public, as servants of the public, working at all hours for the relief of suffering and the improvement of the health of the people. To become a duly qualified physician one must spend much time, money and arduous study, and to properly enter upon practice he must have a good equipment, dress well, be clean every day, be non-partisan in all of his sectarian affiliations, courteous, kind and well mannered to all classes. The young doctor, qualified in this way, with a fairly selected open field, will find that a private practice industriously followed, deviating neither to the right nor to the left for office, petty or otherwise, will yield the most satisfaction and the greatest success.

This calls for every inch a doctor, with every inch in the medical professional harness; not part of him hooked to a drug store, nor to a pulpit, nor to a school room, except it be of an ethical, high grade medical kind, nor to the office of coroner, nor any other mixture that would dilute, pull

down or side-track the legitimate calling of the great healing art.

The doctor in politics is an incongruous mixture, a bald and naked illustration of that infallible dictum, "No man can serve two masters."

But, mind you, I am not saying that the doctor shall not exert political influence, for he should, and a strong one, and he is culpable if he does not. But he need not, and he had best not enter the political arena to do it.

The medical profession organized in associations should wield a most powerful influence for good upon the body politic. We should not fail, as an organization, to speak, to act and to work at the right time to direct and crystallize legislation in right channels for the best good of the people and to ever stimulate and promote the public conscience to demand a higher standard of moral and physical sanitation, an all-round wholesome life for both individual and state.

HOW SHOULD EXPERTS BE APPOINTED?

By HON. RALPH TALBOT,

Denver, Colo.

In determining how the expert should be chosen, it is of the utmost importance not to lose sight of the one object of all human testimony, which is to develop and establish the truth. Any element which creates a leaning or bias in the minds of the witnesses necessarily retards the attainment of this end. A contract of hiring affixes to the opinion of the expert in advances, a stigma and suspicion which largely destroy its efficacy. And it is to the credit of human nature that such should be the case; for every shrewd observer knows that the client who fees the physician, and the lawyer who generally in consultation with him frames the hypothetical question propounded, demand of him that he testify in the direction of his retainer. From many men, they have called this expert for an express purpose. His bias is to them his capital and his real worth. They have not bargained for an arbitrator, nor do they want one. They have employed, and often at a very large expense, a man of special learning along certain lines of his profession, and naturally expect of him that he will exert himself as becomes a good and faithful servant to the utmost in the furtherance of the interests of his employer. A just verdict may

be the one thing which the defendant and his counsel most fear, and labor hardest to prevent from being rendered. To beget a reasonable doubt in favor of the defendant, they have rejected all adverse opinion and have placed their reliance on this man, whose views they know, and whose talents they have purchased. From this general understanding, that the medical expert, so far from being a fair and impartial witness, is, on the contrary, in nine instances out of ten, a special pleader, not at all chosen to hold the scales of justice in equipoise, but wholly intended so to tip them as that no disaster can possibly attach to the side represented by him, arises the feeling of contempt in the minds of judges and juries for testimony of such a character.

The existing evil may, in my judgment, be best met by uniting and combining, to a certain degree, the two methods of receiving expert testimony hereinabove outlined. The expert should have opportunities of ascertaining in advance of the day set for the trial of the cause, the actual facts in the case, and should also reap the advantages of a personal and professional contact and association with the subject on trial, coupled, of course, with a duty im-

posed to consult with one or more of his fellow-physicians in relation thereto. To throw upon an expert one of two alternatives, to-wit: either the difficult task of winnowing the wheat from the chaff in the evidence introduced on a trial at nisi prius, or of giving an opinion upon the sanity or insanity of a purely hypothetical individual, having no objective existence, seems to be absurd and productive of more harm than good; and such is its actual effect in everyday practice. It is certain, therefore, that the medical expert ought, by all means, to come in touch with the subject of the judicial investigation. And there seems but one way authoritatively to compass this end. Resort must necessarily be had to legislation.

Whether a law which would restrict medical experts in a cause to examiners appointed by the court or by the state, could be sustained as constitutional, if tested, I do not undertake to determine, but the wisdom of such a procedure, if it were legalized, is a matter as to which there can hardly be room for argument. And clearly there could be no well founded objection urged to a legislative enactment requiring that counsel on both sides should, within a certain period to be designated prior to the trial of the cause, agree upon and file with

the court the names of the desired experts, subject to the approval of the court, and in case of counsel failing to agree that the court should designate such experts, and that thereupon an order should issue requiring preliminary examinations to be held by all the experts so chosen in conjunction with each other. And further, that upon such appointment being made, such experts should subscribe an affirmation of freedom from bias or prejudice and a bona fide intention faithfully and impartially to discharge their duties as such experts without fear or favor. The scope of these investigations should be made to embrace the entire history of the individual, so far as the same might be ascertainable, including a physical examination, and should be sufficiently varied and prolonged to enable the experts rightly and thoroughly to diagnose the case. This plan, while reserving to the court the power, upon cause shown, to disapprove the personnel of the experts suggested, would leave to each side the right, which I regard as a highly important one, to select someone in whom confidence was placed. And such experts, so chosen by the parties, and so approved by the court, should, of course, be subject to examination and cross-examination as other witnesses now are.

DIFFERENTIAL DIAGNOSIS OF APPENDICITIS.

By JOHN M. KEATING, M. D.,
Colorado Springs, Colo.

The case which I submit for your consideration today is that of a girl of fourteen whose history has been kindly given me by Dr. Wm. M. Strickler, with whom I saw the case in consultation. This case gave me an opportunity of making a rectal examination and comparing the conditions that I found with those in the previous one, and the absence of any evidence which showed involvement of the tube, or the displacement of the uterus, made us positive in the diagnosis of appendicitis, or, more properly, of a perityphlitic abscess, with general peritonitis, which later became quite extensive during the time between the diagnosis and the operation—an unfortunate but necessary delay. Both of these cases occurring in young girls at the age of puberty, exhibiting symptoms very much alike, but the result of conditions totally opposite, and the great question of surgical interference becoming the most important one, makes the whole matter worthy of serious consideration. A celiotomy is of every day occurrence in our special hospitals in large cities, but when the

question looms up in a private family only those who know the frightful importance of such a decision can appreciate the situation. I have carefully considered, I think, most of the accessible papers that have been recently written upon the subject of acute abdominal and pelvic disease, and have studied the indications for operative interference, both from literature and from the bed-side, and I must frankly say that when the question comes up in such a way as the one presented to us, where all the surroundings seem to so positively counterbalance the indications, the temptation to postpone is often far greater than the serious condition of the patient warrants. Therefore, if one can bring forward any means that will throw further light upon the case, and bring into focus the indications for operation, his excuse is valid for writing upon a subject which seems almost written out. Certainly, by a rectal examination, we can often differentiate between tubal and perityphlitic disease, and these cases illustrate the point.

THE NECESSITY OF FREE COUNTER OPENINGS AND THE USE OF BALSAM OF PERU IN THE TREATMENT OF SUPPURATING WOUNDS.

By W. R. WHITEHEAD, M. D.,

Denver, Colo.

The danger of purulent infection is greatest when pus is confined, and is the least when it has free exit, and granulations have commenced. An inefficient drainage is exceedingly dangerous, causes the temperature to rise, and endangers the patient's life. When granulations appear, and pus is not confined and escapes freely, practically the danger to life ceases. The use of balsam of Peru of good quality stimulates granulation in a remarkable manner, and, moreover, is a valuable antiseptic. Its employment has fallen much into disuse, and which I attribute largely to the use of adulterated preparations sold as balsam of Peru, and which contain the least possible amount of the genuine balsam; tolu, copaliba, and other things being substituted for the genuine balsam of Peru. Indeed, it is quite difficult to get this balsam pure. Here are specimens which I show of the pure, or nearly pure, and of the adulterated kind; and I assure you there is a marked difference in the effects produced by the use of them. An indispensable requirement of the use of the balsam of Peru, however, is that the openings and counter-openings of a wound be ample, and permit the free exit of pus; oakum being used about the wound to absorb it, and for this purpose drain tubes are useless. I use setons of gauze saturated with balsam of Peru, after the evacuation of the pus, and the wound is thoroughly washed out. Having syringed out the wound with an antiseptic wash, or with plain water, twisted pieces of thin gauze, or of this cotton cloth, saturated with the balsam of Peru, are carried through the openings of the wound at each

dressing once a day. As the granulations fill up the wound, these balsam of Peru setons are made smaller and are finally discontinued. I recollect seeing Sayre use setons of oakum twisted into a rope and saturated with balsam of Peru, and passed through carious joints, and he saved a number of limbs by this treatment which is long and tedious, but infinitely preferable to sacrificing a limb by amputation, as at the ankle joint.

Aseptic and antiseptic surgery, as the expression of surgical cleanliness, accomplishes much; yet suppuration is an unavoidable result of many injuries, and to promptly meet this danger is the most important duty of the surgeon. To believe, as many do, that a little mercuric bichloride, or carbolic acid added to water, and the dirty hands dipped into it, is sufficient to prevent infection, is a great fallacy. The use of plenty of plain warm water and soap, with a nail brush and a nail knife, was what the best of the old surgeons of other days used, and unconsciously they practiced asepticism. They were cultured and scholarly in manner, and in heart they were gentlemen; in principle and in practice they were the personification of neatness, and believed that "cleanliness was next to Godliness." They knew that dirt was injurious to wounds, and that the cleansing of wounds promoted their cure, and they were ignorant of microbic influences. But all honor to Pasteur, to Tyndall, and to the legion of bacteriological students, their followers; they have taught cleanly surgeons to be cleaner.

AN OESOPHAGOTOMY.

By JOHN BOICE, M. D.,

Denver, Colo.

External oesophagotomy is an operation sufficiently rare to make it desirable each case should be reported. Almost three years seems a long time to wait before reporting a case, but I have delayed so I might at the same time be able to report the final results regarding stricture.

A little before midnight on August 12, 1894, I was called by Dr. Levy to go to his office, where I found a baby fifteen months old, who three days previously had swallowed a large vegetable ivory coat button. A button of exactly the same kind was

shown me by the father, which measured twenty millimeters in diameter. Vigorous efforts had been made by the family physician to remove the foreign body, but as they were unsuccessful the patient was sent to Dr. Levy, who, before calling me, had also made repeated efforts to dislodge the obstruction, with a like result.

On examination, I found the button firmly lodged in the oesophagus a little below the cricoid cartilage, with its upper edge so firmly embedded in the mucous membrane of the anterior wall that it was impossible

to move it, notwithstanding Dr. Levy and I both tried to do so with the help of the most approved instruments. Believing there was nothing else to be done, I advised external oesophagotomy and sent the child to the hospital, where, on the following morning, assisted by Drs. Levy and Hawkins, I made an incision one inch and three-quarters long through the integument on the left side of the trachea, and carefully dissected down to the oesophagus. I succeeded in doing this without being obliged to ligate anything, although the large vessels of the neck seemed to lie immediately under the original incision, making it necessary to pull them out of the way to avoid injury. The button could then be easily felt through the wall of the oesophagus, making its removal a comparatively simple matter. Only a couple of sutures were used in the upper part of the integument and the wound packed with sterilized gauze.

On comparing the button just removed

with one of the same kind it was found to be considerably larger, caused by absorption of moisture; this swelling, taking place after it had gone as far as possible, will probably account for the firmness with which it was wedged in the position from which it was removed.

There was not an unpleasant feature in the after treatment of the case, with the exception of some delirium which seemed to be caused by the paregoric, which had been given to relieve pain shortly after the operation. For one week the patient was fed through the nose and into the stomach, after which time it seemed no longer necessary, as fluid taken by the mouth did not come through this wound.

On February 24th last the father of the child wrote me that there had not, at any time since the operation, been any difficulty in swallowing, so stricture, which sometimes follows these operations, can hardly now be looked for in this case.

GASTRO-ENTEROSTOMY FOR DILATATION OF THE STOMACH, WITH REPORT OF A CASE.

By G. E. TYLER, M. D.,

Denver, Colo.

T. G., a single Irish coal miner, 50 years of age, was admitted to St. Anthony's hospital in May, 1899, with symptoms pointing to disease of the stomach. Family history negative. A personal history of moderate use of alcohol, of pneumonia in 1878, malaria in Central America in 1898, and of stomach trouble for fifteen years. Shortly before admission the stomach symptoms so increased as to cause him to seek entrance to the hospital. Very soon after breakfast he had severe pain and a feeling of weight and distention, which continued all day. He had acid eructations and frequent water brash. At night he regularly vomited large quantities of sour-smelling brownish material. The bowels moved about once in three days, the feces being hard and at times covered with slime. The appetite was good and thirst normal. He weighed 139 pounds, was five feet eight inches tall and showed considerable emaciation. There was no cachexia. The abdominal veins were very prominent. The liver dullness was decreased, the lower border being about two inches above the costal margin. Spleen normal. Heart normal. Arteries atheromatous. A patch of consolidation was found at apex of right lung, apparently quiescent. On inflation with gas the greater curvature of the stomach was found on a level with the umbilicus. No tumor could be discovered. Analysis of stomach contents one hour after Ewald's test breakfast showed free HCl, and no lactic acid; HCl was moderately diminished. The urine was de-

creased in amount, neutral, turbid, 1.013 with increased phosphates. No albumin, sugar, casts, pus or blood. Pulse ninety, respiration twenty-eight, temperature ninety-eight degrees. A diagnosis of dilated stomach without carcinoma and a beginning atrophic cirrhosis of the liver was made. I was of the opinion that there was pyloric stricture. HCl, the bitter tonics, strychnine, antiseptics and lavage all failed to give relief. Predigested foods failed to keep up his nutrition, his distress increased and he gradually lost flesh and strength until he was almost bed-ridden. Dr. Leonard Freeman was called in consultation, with a view to surgical intervention, and on August 6, 1899, he opened the abdomen. The liver was reduced in size and firmer than usual. The stomach was greatly dilated, but no evidence of carcinoma was found. The lymphatic glands near the stomach were slightly enlarged. The pylorus was bound down by posterior adhesions. A posterior gastro-jejunostomy was performed, the gastro-intestinal anastomosis being made with a Murphy button. The patient stood the operation well. The vomiting ceased immediately. The distress also disappeared, but he had to be careful of his diet until the passage of the Murphy button two months later. Convalescence was without other special interest.

I saw the patient in March, 1900, seven and one-half months after the operation. He was eating well, was entirely free from vomiting and suffered only occasional distress

after taking food. At times he had heartburn, which Dr. Freeman suggested may have been due to the regurgitation of bile. The bowels were regular. He looked well and weighed 153 pounds, a gain of fourteen pounds, and was able to work. The distention of the abdominal veins had disappeared

and the stomach appeared of normal size after inflation. The liver was unchanged. He made an appointment to have an analysis of the stomach contents, but failed to keep it, and I have not been able to find him since.

ADENOID VEGETATIONS—TREATMENT AND EXHIBITION OF INSTRUMENTS.

By F. E. WAXHAM, M. D.,

Denver, Colo.

Instead of the chromic acid or the cautery, these growths may be removed by means of cutting forceps or with proper curettes. Hartmann of Berlin uses almost exclusively these curettes, which I take pleasure in presenting. Others prefer Lowenthal's forceps or some modification of them. Personally I prefer this instrument, known as Gottstein's curette. It is passed upward behind the soft palate to the very vault of the pharynx, and then with one sweep of the instrument downward the growth or the greater part of it is removed. The remnants of the growth are then removed by the finger or the forceps. In the older children and young adults it is not necessary to give an anesthetic, as these vegetations can be effectually removed under cocaine by means of the curette and forceps, but in younger children it is absolutely necessary that an anesthetic be given if the work is to be well and thoroughly done. Chloroform is generally preferred, and it is my custom to place the child on a firm table in a good light. After the anesthetic is given, I pass a soft rubber catheter through one nasal cavity and bring one end out of the mouth, tying the two ends over the upper lip. This acts as a good palate retractor, bringing the soft palate well forward and out of the way of the instruments. The head is lowered that the blood may not pass into the trachea,

and the curette is passed up into the vault and the instrument with firm but gentle force is brought downward, thus sweeping the vault and upper posterior wall of the pharynx. The patient is then quickly turned upon the side of the head still well lowered, that there may be free escape of blood, which flows copiously for a few moments. When the hemorrhage has ceased more chloroform is given and the index finger introduced into the vault and any remnants of the growth broken down and scraped away. If any portion of the growth resists the finger, it is removed by means of the forceps. Dr. Lenox Brown, of London, frequently removes these growths with the finger alone, without the aid of instruments and frequently without an anesthetic, but I am convinced that the more humane and thorough method is the one that I have described.

This condition is one that is very frequently observed by the general practitioner and is often attributed to enlarged tonsils; these are removed without benefit and the case frequently abandoned. No benefit is derived, because the obstruction in the vault still remains after the removal of the faucial tonsils just as before. On the other hand, when this growth is thoroughly removed there is no operation that is more satisfactory, and the benefit derived is often remarkable.

OCULAR SYMPTOMS IN GENERAL DISEASE.

By E. W. STEVENS, M. D.,

Denver, Colo.

Nearly all the specific infectious diseases in their general symptomatology and course present ocular symptoms of the highest importance. While syphilis is probably the most important of this group, the eruptive fevers, gonorrhoea, influenza, diphtheria, septicaemia, tuberculosis, and cerebro-spinal fever all present ocular symptoms, either as a part of the infectious disease itself, or as sequelae.

The intoxications, as alcoholism, lead poisoning, food poisoning and tobacco poisoning, furnish eye symptoms of great value in the recognition and treatment of the affections.

Among constitutional diseases rheumatism, gout and diabetes mellitus present ocular manifestations that constitute an important part of the general disease.

In diseases of the digestive system a

knowledge of the toxemias of intestinal origin will have an important bearing on the treatment of toxic amblyopias. Disturbed metabolism in children is a common cause of phlyctenular conjunctivitis, while affections of the teeth provoke a train of ocular symptoms both inflammatory and reflex.

In diseases of the respiratory system, affections of the nose and its accessory sinuses have an important ocular symptomatology, our knowledge of which during the past few years has been greatly extended. Diseases of the kidneys present in chronic parenchymatous and chronic interstitial nephritis a definite and certain ocular symptomatology. The ophthalmoscopic study of renal retinitis furnishes us, as does no other method, an exact knowledge of the changes with which we have to deal in these affections. It is of the utmost value in prognosis.

In diseases of the blood and ductless glands, anaemia, leukaemia, purpura and exophthalmic goitre present ocular symptoms characteristic of the affections.

In diseases of the circulatory system, dilatation of the heart and aneurism of the thoracic aorta are accompanied by ocu-

lar symptoms of marked importance, and a commencing arterio-sclerosis may be detected in its incipency by noting the alterations in the retina and in the retinal circulation.

Among diseases due to animal parasites, malaria presents the most important ocular signs. In diseases of the muscles the eye symptoms of myasthenia gravis, as ptosis and paralysis of the extraocular muscles, are the first signs of the affection.

In conclusion, a word upon the ocular symptoms of pregnancy. Failure of vision in a pregnant woman is always an evil omen. The loss of sight is usually sudden, bilateral and complete; even perception of light may be abolished. The duration of the blindness varies. Sight is usually regained in twenty-four hours, but occasionally not for days. Recovery of vision is, as a rule, complete. Ophthalmoscopic examination, in the large majority of instances, reveals nothing abnormal—excluding cases of pre-existing retinal changes. Failure of sight in pregnancy is sometimes due to renal retinitis and does not differ from the retinitis unassociated with pregnancy. It may be necessary to induce premature labor in order to prevent blindness.

ULCERATIVE KERATITIS.

By ROBERT FIELDS LEMOND, A. M., M. D.,

Denver, Colo.

It has been a question for a long while with many of our leading ophthalmologists which of the various lines of treatment could be relied on for the greatest amount of good in the outcome. For a long while it was a very common treatment in all classes and stages of ulcers to use atropine solutions, to thoroughly distend and dilate the iris, in order to keep it away from this inflammatory process, that it might not become involved. In making applications to the ulcer it has been common to dust calomel into them, boric acid and iodoform, and to keep them saturated with various kinds of lotions, which I think do but very little good, and sometimes I wonder if any good has been done by such a course of treatment. If the iris is thoroughly dilated and the anterior chamber is filled with pus, this brings the lens directly in contact with this antagonizing foe; and it will very soon involve the capsule of the lens, as well as the lens itself, and a decomposition of that little body will set in, and as is well known that we already have a plus degree of tension, there is great danger of the lens being pushed out, followed at once by the vitreous body and the complete collapsing of the eyeball. So we at once see that atropine in this particular condition described is a dangerous thing to be used. We had by long

odds better take the chances of iritis and cyclitis where we have a large perforating ulcer, than to keep the iris thoroughly paralyzed and take chances on allowing the eye to run out on the cheek. Then the question comes up: what shall we do, what mode of treatment shall be instituted? I will now give the course of treatment that I am in the habit of following in these cases, and it has been very satisfactory in my hands for the past five or six years. Where I see there is a decided ulcer forming, or that it already exists down to Descemet's membrane, or even though it may perforate the entire cornea, makes no difference; I cocaine the eye thoroughly and then I use a platinum applicator attached to the galvanic current and turn on a red heat and thoroughly cauterize every part of this ulcer and destroy all the pus cells that are in sight. Don't hesitate to allow the instrument to go right into the anterior chamber and attack every part of the involved tissue; but before doing that, however, it would be necessary to see that the iris was not dilated, because there would be danger of the vitreous bulging forward. I use for this purpose a solution of pilocarpin muriate, from one to three grains to the ounce of water, to hold the pupil in perfect abeyance, keeping it thoroughly contracted, that

no involvement of the lens or capsule may come about. If the ulcer on the following day shows signs of any degenerative process going on, I cauterize it again, and again, and continue to do so until the ulcer is thoroughly destroyed. I think that the pilocarpin solution is a splendid thing in this character of trouble, as I believe it exercises a good influence on the iris by contracting it. I don't think that it is nearly as susceptible to the iritic condition as it is to be left in its normal state, surrounded by this poisonous and decomposing lymph. Of course, it is necessary to treat these cases systemically as well. I invariably get

them thoroughly under the influence of some form of mercury, viz.: calomel, one-quarter to one-half of a grain every two hours until one and one-half to two grains have been taken, and thoroughly disgorge the liver and alimentary canal. I use as a favorite wash after cauterizing a solution, 1 to 10,000 bi-chloride, as hot as can be borne, and I think hot applications of clear water very good.

I do not ignore atropine in all these conditions. I think it good unless the cornea be perforated; then I consider its application very dangerous indeed.

THE TREATMENT OF INEVITABLE ABORTION.

By CAREY KENNEDY FLEMING, M. D.,

Denver, Colo.

There is but one indication for treatment, and that is to empty the uterine cavity. This is best accomplished after rapid dilatation of the cervical canal with the Goodell dilator, or by means of the index finger. After removing as much of the products of conception as possible, the cavity should be thoroughly curetted with the sharp curette. Some advise the use of the vaginal tampon, but tamponage is procrastination and should be condemned; curettage, though radical, is the rational treatment.

This procedure is particularly applicable in cases of the criminal variety, for the abortion will usually be incomplete; it is equally valuable in the accidental cases, for we cannot be positive that the abortion will be complete, as small pieces of the decidua vera sometimes remain attached to the uterine wall. These may be discharged with the lochial secretion, or, on the other hand, may remain and be the starting point for a septic process. Taking it for granted then that abortion is seldom complete, is it not best to empty the uterus at once, when it seems inevitable, rather than to temporize, waiting as did Micawber, for something to turn up?

The curette answers every indication. After its thorough use the uterus contracts, pain ceases, and the hemorrhage is stopped, and the patient is placed in an ideal condition for convalescence.

The danger arising from this procedure is remote. The operation should be performed, however, under the strictest observance of surgical asepsis, for upon the thoroughness of your technique depends your success. The anesthetic may add an element of danger, consequently great care should be exercised in administering it to the patients suffering from acute anemia.

The question of the employment of drainage after curettage is a mooted one, some claiming that by the use of gauze we prevent, rather than favor drainage. This may be true if the uterus is packed tightly, but if a narrow strip of sterilized iodoform gauze is carried to the fundus, drainage is not only facilitated, but by its stimulating action the uterus is kept in a state of tonic contraction. Its use also prevents the possibility of the agglutination of the two raw surfaces of the uterine canal, a condition which has been known to occur.

NERVOUS DISEASES IN HIGH ALTITUDES.

By S. D. HOPKINS, M. D.,

Denver, Colo.

It is a very common expression among the laity of high altitudes that the altitude is making them extremely nervous. In a great many of these people it will be found that it is not the fault of the altitude, but of some depressing influence, such as financial distress, or worry over domestic and business affairs. In a certain proportion of the population, the cause of the nervousness

may be traced to some disturbance in the general constitution, or mal-nutrition, such as indigestion, anemia, etc.

One of the most common causes for nervousness in Colorado is high living and late hours. In a certain proportion of the laity the nervousness is due to an inherent nervous irritability. Dr. J. T. Eskridge says: "I have no hesitation in saying that the in-

herent nervous temperaments, not those who are nervous from mal-nutrition, which the climate may and does remove in many instances, are made worse by prolonged residence in Colorado."

In the majority of the people coming to Colorado, one of the first effects of high altitude is to produce a state of drowsiness. Over-worked people who suffer from insomnia in the east, and coming to Colorado, sleep well, and they usually do so from the time of their arrival. Cases of insomnia in the east, due to active hyperemia of the brain, that is not relieved by rest, sleep poorly in Colorado.

The high altitude of Colorado seems to have little effect upon cases of chorea. Some authors claim that, upon the arrival of cases of chorea from the east, the movements are at first increased. Recently I have seen five cases of chorea. Two were seen in private practice, and two in dispensary work. Two were severe and three mild. The former cases recovered in from four to six weeks, and the latter in from two to three weeks. Three cases were put upon the treatment suggested by Eskridge in his article in the *Medical News*, September 30, 1893, entitled "Some points in the diagnosis and treatment of cerebral hemorrhage and chorea."

It has been my experience that the duration of the disease has been as long under

the ordinary treatment as at sea level, but, under the treatment mentioned, the duration was very much shorter. It is doubtful whether the climate of Colorado has little or any influence on chronic neurological cases, such as chronic degenerations of the brain and cord. It may improve them for a short time, but this is probably due to a change in surroundings.

Epileptics, upon coming to Colorado, do improve if they lead a quiet life. Dr. Eskridge reports twenty-one cases, five originating in Colorado, sixteen of which were improved. A number of cases treated recently prove that the bromides have the same effect as at a lower altitude.

The form of insanity which is most frequently met with seems to be melancholia. The proportion of melancholia to mania is about three to one, while Spitzka and other writers state that elsewhere it is equal.

As long as I have been in Colorado I have yet to hear of a case of sunstroke. I have made inquiries of some of the old settlers of the state on this subject, and their testimony is unanimous that it never occurs.

Cerebral vascular lesions occur at high altitudes as frequently as at sea level; in fact, a person coming from a low altitude to a high one is particularly liable to apoplexy. As far as my observation goes, the remainder of the neurological diseases are not materially affected by the altitude.

REPORT OF A CASE.

By R. H. WORTHINGTON, M.D.,
Denver, Colo.

On Wednesday last with Drs. E. J. Rothwell and Macphatter, I saw a German lady, aet. 35, who gave a history of increasing difficulty in defaecation for a period of six months, and who for the past month has hardly been able to pass faeces at all. Just ten days before I saw her, Dr Macphatter had moved an ovarian cyst from the right side and the appendages from the left, which appendages presented evidences of cancerous disease. At the time of his operation the doctor discovered decided thickening of the sigmoid at its junction with the rectum.

After making my examination I endeavored to pass a tube up the rectum, but it would only go up for eight inches. On Saturday morning last, October 24, 1891, assisted by Drs. E. J. Rothwell and Macphatter, I performed inguinal colotomy, as obstruction was almost complete. On opening the gut two days later an immense amount of faecal matter was passed, and later some partially digested food. Patient now comfortable, wound healing nicely. Temperature never over 99 degrees F. This, I believe, is the first case of inguinal colotomy performed in Denver.

Denver Medical Times and Utah Medical Journal

PUBLISHED MONTHLY BY
THE MEDICAL TIMES PUBLISHING COMPANY.

Subscriptions, \$1.00 per year, in advance.

Single Copies, 15 cents

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THE MEDICAL TIMES PUBLISHING COMPANY,

1339 Champa Street, Denver, Colo.

*Address all Articles, Personals and other items of interest, and Books for Review to the Editor, Edward C. Hill
633 Metropolitan Building, Denver, Colo.*

Our scale of prices for REPRINTS about covers actual cost. Those requiring reprints of published matter must order at the time of revising their proofs; price list for reprints on application to Business Office.

Entered at the Postoffice at Denver, Colorado, as mail matter of the Second Class.

Business Office Telephone, Main 5035

Editorial Office Telephone, Main 2340

DENVER POST-GRADUATE CLINIC.

The very large amount of medical and surgical work carried on in the various hospitals and public institutions of Denver presents the possibility of affording clinical instruction which, if properly utilized, would be of immense value. Recognizing this fact, the medical society of the city and county of Denver purposes to hold clinics during two days of March and two days of October of each year, which all physicians inside and outside the State are cordially invited to attend.

These clinics will cover all the important branches and specialties of medicine and surgery, with particular attention to new methods of approved worth and value, and will be made practical and interesting, affording an opportunity for the busy practitioner to keep in touch with medical progress without the necessity of time consuming and expensive visits to the East. A notice stating dates and program of the coming March Clinic will be mailed in time to arrange for attendance.

SPECIAL MEETING.

The officers of the Medical Society of the city and county of Denver have made arrangements to hold a special meeting in the "Ordinary" of the Brown Palace Hotel, Tuesday, January 9th, at 8:15 p. m. This will be a good fellowship and organization meeting. All legally qualified practicing physicians in Denver are cordially invited to attend whether members of the society or not.

This meeting is held for the purpose of promoting friendly relations among the physicians and the upbuilding of our society.

Dr. F. W. Singer of Pueblo, State Organizer, has kindly consented to be present and will deliver an address. A good program will be arranged and refreshments will be served.

Members should make a special effort to bring men who are not members but should be. All members are expected to be present and assist in welcoming our guests. Let us have a full attendance and a rousing meeting.

Make note of the date—January 9th, Brown Palace Hotel.

H. R. M.

PERSONALS

Dr. J. B. Finucane is up and about again. Dr. Cole, of Arriba, Colo., was in town recently.

Dr. H. M. Cohen recently made a visit to Albuquerque, N. Mex.

Mrs. E. P. Hershey is expected home from Paris about Christmas.

Dr. J. M. De Weese has taken offices at 518-519 Empire Building.

Dr. Edgar Diamond has returned from a motor trip in Missouri.

Dr. E. O. Sisson is building a home in Belmont Place, Park Hill.

Dr. D. H. Coover is recreating in the balmy breezes of California.

Dr. L. M. Hill, of Evans, Colo., spent several days in Denver last month.

Dr. and Mrs. S. B. Childs spent Thanksgiving at the old Kentucky home.

Dr. and Mrs. Charles C. Reid are happy in the advent of a fine pair of twins.

Dr. B. B. Blotz of Rocky Ford has moved into his handsome new residence.

Dr. A. R. Peebles, of Boulder, is still quite sick. He has given up his offices.

Dr. John Morgan is in the Longmont hospital, because of trouble with his eyes.

Dr. Edward A. Whitmore, of Leadville, spent Christmas with friends in Boulder.

Dr. Walter G. Rundle, of Florissant, was in Denver the second week of December.

Dr. Harry Cohen, of Wray, was in Denver last month on professional business.

Dr. E. W. Kearby, of Rocky Ford, has gone to St. John, Kansas, for a short time.

Dr. A. F. Williams, one of our associate editors, visited in Denver during December.

Dr. and Mrs. Robert G. Morrison, 2277 Alblon Street, mourn the death of their little son.

Dr. S. F. Jones was operated on for appendicitis, December 5th, at St. Luke's Hospital.

Dr. J. H. Allen spent several weeks visiting his home people in Whiteside County, Illinois.

Dr. Frank B. Smith of Wheatland, Wyo., was married to Miss Gladys McGlothen, Dec. 26.

Dr. J. H. Cole, of Yampa, Colo., was shaking hands with Denver friends last month.

Our associate editor, Dr. L. W. Soland, formerly of Louisville, Colo., has removed to Denver.

Dr. Stella M. Clarke, of Denver, has been serving as assistant in St. Mary's Hospital, Pueblo.

Dr. and Mrs. Walter M. Dake have changed their residence from 1136 to 1237 Race street.

Dr. T. B. Baird, of Walsenburg, has been chosen president of the Taft Club of Huerfano County.

Dr. and Mrs. George W. Harrison and family have taken apartments at the St. Francis Hotel.

Dr. J. C. Tyvand, of Cheyenne Wells, has sold out his practice to Dr. Carl O. Booth, recently of Illinois.

Dr. and Mrs. H. C. Smiley, of Helper, Utah, spent the Christmas holidays with their Denver folks.

Dr. Thomas H. Close has taken offices with Dr. Stephen T. Parsons in the Central Savings Bank Building.

Pueblo is nearly free from typhoid fever, not a single case having been reported from there since November 5th.

Dr. and Mrs. W. S. Johnston and family, of Pueblo, are now occupying their new home on East Eighth Street.

The Saturday and Sunday Hospital Association of Denver collected \$6,208 on tag day, the second of December.

Dr. and Mrs. Frank Finney, of La Junta, spent the Christmas holidays with the family of Mr. J. L. Stubbs, of Denver.

Dr. C. F. Kyser, formerly of Colorado City, died of apoplexy, Dec. 2, at the home of his parents, near Grenola, Kans.

Dr. D. H. Bice, 1241 Steele street, died November 25th, from an intestinal trouble, which an operation failed to relieve.

Dr. John B. Davis is building a two-story house of the bungalow type on Josephine street between 12th and 13th avenues.

The Denver county physicians have taken for their offices most of the Euclid Building, on 14th Street, opposite City Hall.

Dr. Willard J. White is home in Longmont from his trip to Pulaski, N. Y., where he was called by the death of his father.

Dr. W. L. Horn, of Boulder, who had to go to Southern California during the summer, owing to illness, is about well again.

Dr. Darwin E. Brown, county physician of Laramie, died from sarcoma, November 28th, after an illness of about two months.

Drs. Charles and John Andrew mourn the death of their mother, who passed away at her home at New Salem, Ill., November 24, 1911.

Dr. Norman Cramer, of Loveland, Colo., is very busy these days assisting other people in boosting the "vital statistics" in that section.

Dr. Richard A. Sprake, 302 Mack building, announces that in the future he will limit his practice to pyorrhea alveolaris and oral prophylaxis.

Mr. William Wallace Bates, one-time U. S. naval commissioner and father of Dr. Mary E. Bates, of this city, died a few weeks ago at the ripe age of 84.

Drs. M. Kleiner, A. H. Williams and C. E. Cooper, invited their medical friends to partake of the flowing bowl with them on Thanksgiving morning.

President McGraw has appointed Drs. Markley, Sharpley, Carmody, Eichberg and Blickensderfer as a committee in charge of the semi-annual clinics.

Dr. C. H. Robertson, of Boulder, returned recently from a six months' trip through the Eastern States. He had a royal good time and comes back feeling fine.

Dr. J. W. Ames delivered a lecture by request upon "Primitive Medicine in Oriental America," December 19th, before the Pueblo County Medical Society.

Dr. S. M. Gibbs has been chosen president of the Fort Collins Dental Association; Dr. M. A. Gates, vice-president, and Dr. C. W. Coover, secretary-treasurer.

Dr. C. A. Ferris greatly interested the local county medical society recently by his report of a case of Banti's disease, with exhibition of the enlarged spleen.

Mr. R. S. Hiltner, chief of the Denver U. S. Food and Drug Inspection Laboratory, has been spending several weeks at the Bureau of Chemistry in Washington.

Dr. N. J. Phelan has been chosen president of Aerie No. 30, Denver Eagles, for the ensuing year. Drs. Martin and Cuneo were re-elected physicians of the order.

During November there were only 25 cases of typhoid fever reported in Denver, with two deaths, but there were 10 deaths from diphtheria and 35 from pneumonia.

Dr. William H. Ravenscroft, for 50 years a country practitioner in Maryland, died December 19th, at the age of 78, at the home of his son, Mr. W. T. Ravenscroft, of Denver.

The attending physicians (three months each), of the Colorado State Home for Dependent and Neglected Children, are now Drs. Ames, Wilkinson, Richards and Wolleweber.

The Denver City and County Hospital now shelters from 350 to 375 patients—more than ever before in its history. No changes in the staff have been made as yet by Dr. Sharpley.

Health Commissioner Sharpley has appointed Dr. C. B. Lyman and Dr. A. H. Williams as an advisory committee upon the medical management of the city and county hospital.

Drs. Parsons and Seybold demonstrated on a patient, before the local county medical society, on the evening of December 19th, the superiority, in some respects, of nitrous oxid-oxygen anesthesia.

Dr. George H. McFarland, 772 Franklin street, died December 4th, at the age of 35. Dr. McFarland had come to Denver from New York, a year and a half ago, for his health. He leaves a wife and little son.

Chancellor and Mrs. Henry A. Buchtel charmingly entertained about a hundred members of the faculties of the Denver University, with their wives, at the home bungalow on the evening of December 22nd.

Mr. Romaine Pierson, publisher, has purchased the Medical Times of New York. The office of the company is now 108 Fulton street. Mr. Pierson is one of the really successful publishers, and a high class journal is assured under his ownership.

Dr. William C. Mitchell delivered by request an address upon the Wassermann reaction before the Fremont County Medical Society, on the evening of November 27th. A large audience showed their appreciation of Dr. Mitchell's exposition of the subject.

The Scholtz Drug Company has opened a finely equipped pharmacy in the Mining Exchange Building, 15th and Arapahoe streets, being the seventh store under the management of this company, which will celebrate its 31st anniversary the first of this year.

Lieutenant Joseph Brown (Joe Brown, D. & G. C. of M.) of the Philippine constabulary, passed through Denver the latter part of November on his way back to his surgical work in the army. Dr. Brown spent three months in Europe and a month at his old home in Virginia, and was looking fine and hearty.

Dr. C. B. Ackley, police surgeon of Denver for the past four years, died from tuberculosis, December 6th, at the age of 33. Dr. Ackley was a native of Wisconsin and a graduate of Northwestern University. He was a good physician and a very lovable man. He leaves a young widow to mourn his loss.

At the second December meeting of the Denver City and County Medical Society, Dr. T. E. Carmody showed, by means of the balopticon, some beautiful photographic plates in natural colors, of lesions of the lips, tongue and palate, together with some radiograms of impacted teeth occurring in his own and Dr. Ketcham's practice.

According to the U. S. Census Bureau, Colorado Springs reported in 1910 11 per cent of its deaths as being among infants under one year, and 14 per cent among children under five years; Denver, 13 and 17 per cent respectively; Pueblo, 19 and 30; Trinidad, 28 and 40; Chicago, in the same year, gave the figures 21 and 30.

The ladies of the Columbian Club of Boulder have petitioned the city council to repeal the ordinance which provides for a permit to sample the town with patent medicines. The protest was particularly against sugar-coated samples containing acetanilid. One envelope contained 6 grains of this drug—quite enough to kill a child.

Says the Pueblo Chieftain: "Pueblo's death rate during the last ten years was reduced by practically one-half. In 1900 there were 23 deaths per 1,000, while in 1910 this had been reduced to 12.1, as shown in a comparative statement just issued by the census department of cities of less than 100,000 population. Pueblo has made this exceptional progress in spite of the prevalence of typhoid at different times caused by impure water."

Health Commissioner Sharpley, of Denver, appeared before the State Lunacy Board in Pueblo, December 6th, to secure the entrance into the State Insane Asylum of about 50 insane patients, properly wards of the state, who have been kept for some

time in the city and county hospital of Denver. The question of increasing accommodations at the state institution, so as to house these patients, will be taken up at a meeting of the board in the near future.

The Critique, the homeopathic journal of this city, suspended publication with the December issue. The owners fought a hard battle, but did not get the support from those from whom they expected it. Progress, which was also published in this city, for the same school of physicians, fell by the wayside some time ago, for the same cause. Doctors who will not support their journal at one dollar a year, do not deserve a publication issued in their interest.

The annual banquet and business meeting of the Otero County Medical Society, held at Rocky Ford, December 12th, was attended by 25 physicians, and was enjoyed by all. Dr. Frederick Singer, of Pueblo, gave the principal address. The program also included brief remarks by Dr. Frank Finney on "Hail Columbia, Scrappy Land;" Dr. Jessie E. Stubbs, "The Female of the Species;" Dr. R. M. Pollock, "The Other Fellow," and Dr. J. F. Kearns, "The Hearts of the Doctors." The new officers are: President, Dr. Jessie E. Stubbs, La Junta; Vice-President, Dr. B. B. Blotz, Rocky Ford; Secretary-Treasurer, Dr. L. P. Barbour, Rocky Ford; Delegate to State Association, Dr. H. E. Hall, La Junta.

Beginning with the issue of December 9, 1911, Dr. Charles E. de M. Sajous, of Philadelphia, became the supervising editor of the New York Medical Journal, at the same time giving up his private visiting practice, but continuing his work as consulting physician, investigator, teacher and author. Dr. Sajous has held a number of important college positions, and is now professor of pharmacology and therapeutics in the medical department of Temple University. His great work on "Internal Secretions and the Principles of Medicine" was the outcome of six years of research work in Paris. As editor of the Annual of the Universal Medical Sciences and the Cyclopaedia of Practical Medicine, Dr. Sajous has evinced a thorough and systematic knowledge of the needs of American practitioners. The publishers of the New York Medical Journal and its readers are alike to be congratulated upon the acquisition of an editor so well qualified to take the place of the late lamented Foster, and even to improve upon the work of the latter.

Larimer County Medical Society held its regular meeting, December 8, 1911, in the Y.

M. C. A. building. There were present: Drs. Dale, Kickland, Taylor, Winslow, Rew, Halley, Sadler, Hoel, Morgan, Replogle, Norton, Stuver, Carey (Timnath), McFadden and Joslyn (Loveland) and J. N. Hall, the guest and speaker of the evening. The reading of the minutes was omitted and the subject of the evening, "Abdominal Pain," taken up.

Dr. Hall first read a paper on "Locomotive Ataxia with special reference to the Visceral Crises." The paper, which showed careful and accurate investigation, was very interesting and instructive, and at its close Dr. Hall discussed several of the cases reported in it, in detail. He then took up the subject of abdominal pain as it manifests itself in appendicitis, nephritic colic, gall stone colic, duodenal ulcer, gastric ulcer, strangulated ovarian cyst and malignant conditions. His lecture of about a half an hour was clear, logical and to the point, and as he elucidated many valuable points in differential diagnosis, it was listened to with very great interest and the closest attention. The subject was also discussed by Drs. Kickland, Hoel, McFadden, Dale and Norton, who reported cases and brought out a number of valuable things. The society then proceeded to the election of officers with the following result, viz: J. G. McFadden, president; John F. Morgan, vice-president; E. Stuver, secretary; T. C. Taylor, treasurer, J. E. Dale, censor. The Board of Censors now consists of Drs. McHugh, Replogle and Dale.

On motion of Dr. Stuver, a vote of thanks was unanimously extended to Dr. Hall for his valuable paper and lecture.

Dr. Hall and the members of the society were entertained with refreshments by Dr. and Mrs. Kickland.

E. STUVER,
Secretary.

Our business manager remarks that once in a while he meets a few doctors who vigorously declare that they never read medical journals. On inspecting their offices and inquiring as to their practice, it is easy to see that they have no need either for medical journals, drugs, chemicals, medicines, or anything else for that matter. Just some soap and water and a six-foot grave in a nice, quiet cemetery, that's all. Selah, (Nuf sed). Moral—Subscribe for this journal, the best and most up-to-date dollar's worth of medical literature in this country.

BOOKS

THE MEDICAL RECORD VISITING LIST FOR 1912.

Contents—Calendar, Estimation of the Probable Duration of Pregnancy, Approximate Equivalents of Temperature, Weight

Capacity, Measure, etc.; Maximum Adult Doses by the Mouth, in Apothecaries' and Decimal Measures; Drops in a Fluid Drachm, Solutions for Subcutaneous Injection, Solutions in Water for Atomization

and Inhalation, Miscellaneous Facts, Emergencies, Surgical Antisepsis, Disinfection, Dentition, Table of Signs, Visiting List with Special Memoranda, Consultation Practice, Obstetric Engagements, Record of Obstetrical Practice, Record of Vaccination, Register of Deaths, Nurses' Addresses, Addresses of Patients and Others, Cash Account. Prices: For 60 patients a week, with or without dates, handsomely selected red or black, morocco binding, \$1.50; for 30 patients a week, with or without dates, same style, \$1.25; for 90 patients a week, with dates only, \$2.00. William Wood & Co., 51 Fifth avenue, New York.

The Physician's Visiting List (Lindsay & Blakiston's) for 1912. Sixty-first year of its publication. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut street. Regular, perpetual and monthly editions. Price from \$1.00 to \$2.50.

This compact and tasteful little pocket volume well merits the favor which has been accorded it by two generations of medical men. All styles now contain the special memoranda page. The dose table and the other reference data are indispensable in such a book.

The Practitioner's Visiting List for 1912. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil with rubber, and calendar for two years. Price by mail, postpaid, to any address, \$1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea & Febiger, Publishers, Philadelphia and New York.

The text portion of *The Practitioners' Visiting List* for 1912 has been thoroughly revised and brought up to date. It contains, among other valuable information, a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; diagnostic table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

Diseases of Infants and Children, by Henry Dwight Chapin, A. M., M. D., Professor of Diseases of Children, New York Post-Graduate Medical School and Hospital; and Godfrey Roger Pisek, M. D., Professor of Diseases of Children, University of Ver-

mont. Second edition, revised. With 181 illustrations and eleven colored plates. Price, \$4.50 net. William Wood & Co., 51 Fifth avenue, New York, 1911.

The family physician will find this attractive volume a very satisfactory guide in his pediatric work. After sections upon the newly-born, the hygiene of infancy, examination of the sick child, and a full discussion of infant feeding in its various phases, the remaining three-fourths of the text is devoted to diseases of the different organs of the body, including the commoner surgical diseases and diseases of the ear and eye and skin. The presentation of each subject is clear and concise, and shows an intimate first-hand knowledge, with many original suggestions. Among special features worthy of particular notice are the chapter on special examinations, the table of average doses at different ages, the suggestive scheme for diagnosis, the handy feeding tables and the exceptionally fine colored plates of exanthemata and other conditions.

E. C. H.

Dorland's American Illustrated Medical Dictionary. A new and complete dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Medicine, Nursing, Biology and kindred branches; with new and elaborate tables. Sixth Revised Edition. Edited by W. A. Newman Dorland, M. D. Large octavo of 986 pages, with 323 illustrations, 119 in colors. Containing over 7,000 more terms than the previous edition. Philadelphia and London: W. B. Saunders So., 1911. Flexible Leather, \$4.50 net; thumb indexed, \$5.00 net.

Perhaps a thousand people own a dictionary to one who makes it a factor in his life. Among the medical fraternity a technical dictionary is probably more used by under-graduates than by graduates; and this not because the one has so much more to learn than the other, but because the one possesses and the other has often lost that sane curiosity which makes for progress as opposed to stagnation. Even among students, both of the under-graduate and post-graduate variety, it is doubtful whether a large percentage ever form the right habit of using a dictionary for all it is worth. Rightly viewed, what more delightful sidelight on studies often in themselves rather tedious than an enquiry into the sources of the words we read and use, and how much better we can remember the meanings of strange words and the thoughts associated with them by having in mind the fundamental meanings of their Greek or Latin origins and component parts. For example, how intelligent a light is thrown on that recent invention "anaphylaxis," on finding that it is manufactured from a Greek work meaning "protection" and the negative prefix "an." Then again it is often desirable to know not only the bare meaning of a word,

but some secondary facts connected with it. Memory of the intelligent kind is largely a matter of association, and the more complex the interweaving of associated ideas in our brains the more valuable any individual fact becomes. The volume under review is a splendid exemplar of what a good dictionary, based on these principles, should be. Its wealth of answer to questions put is almost encyclopedic; but on the concise basis of an encyclopedic dictionary. 7,000 new words have been added to the present edition. The pronunciation of every word is given. Etymology, to the importance of which reference has been made, is dealt with so thoroughly as to become an outstanding feature of the work. Ease of consultation is favored by three points: 1. Every word has a separate paragraph; 2. Phrases are always defined under the nouns; 3. The binding is very flexible, the book remaining open at whatever page is turned to. Its tables of anatomic structures and drugs are extensive and carefully compiled. New features in this edition are the use of initial capital letters for proper names only; the definition of veterinary and dental terms, and short biographic sketches of the "fathers of medicine," as well as accounts of men whose names have been given to diseases, structures, etc. The general make-up of the book is so good that it is a delight to handle the volume; and in a general way it would be hard to imagine any candidate for a place on the student's or practitioner's book-shelf which could more admirably fulfil its purpose.

W. H. C.

Recent Studies of Syphilis, With Special Reference to Sero-diagnosis and Treatment. Medical Symposium Series No. 1. Second Edition (Revised). A Reprint of Articles Published in the Interstate Medical Journal. Paper, 212 pp. St. Louis: Interstate Medical Journal Co. Price \$1.00.

The contribution to the symposium on syphilis in the Interstate Medical Journal, by some of the best known authors and writers, and men of wide experience and reliability, makes this reprint of more than ordinary value to the medical profession at this time. Salvarsan, the wonderful discovery by Ehrlich of his dioxydiamidarsenobenzol, is not only a valuable contribution in syphilis, but also a new departure in therapeutics, and this is presented in a reliable manner in a number of papers in this symposium.

The other interesting subjects considered are: Syphilis of the Nervous System, India Ink Method of Finding the Spirochaeta Pallida, the Role of Syphilis in Visceral Pathology, Giant Cells in Syphilis, Syphilis and

Pulmonary Tuberculosis, Recent Progress in the Treatment of Syphilis, the Public and Syphilis as a Cause of Pauperism, Sanitary Supervision of Prostitutes, the Scaphoid Scapula Syndrome in Connection with Syphilis, the Cerebrospinal Fluid in Syphilis and in Parasyphilitic Diseases, Serum Diagnosis in Syphilis, X-Ray Diagnosis of Bone Syphilis and Gastro-Intestinal Syphilis. This reprint of the valuable papers in this symposium would be an important adjunct to any library.

W. H. D.

Diseases of the Stomach. A Text-book for Practitioners and Students. By Max Einhorn, M. D., Professor of Clinical Medicine at the New York Post-Graduate Medical School and Hospital; Visiting Physician to the German Hospital. Fifth revised edition. Price, \$3.50 net. William Wood & Co., 51 Fifth avenue, New York, 1911.

Professor Einhorn has long ranked very high among gastrologists. He is particularly noted for his originality in devising new methods and apparatus for diagnosis and treatment. He always writes clearly and to the point. This fifth edition includes the latest word upon radiography as an important aid in gastric diagnosis. The text is handsomely illustrated with 112 figures in black and white. The index embraces a copious bibliography. Active clinicians will find this volume of great practical value.

E. C. H.

The Fourth Physician, by Montgomery Pickett, 144 pages, cloth bound, and illustrated in colors. A. C. McClurg and Co., Chicago, publishers. Price, \$1.00 net.

It is very difficult to explain the peculiar charm of this book. It has a distinct purpose in view and accomplishes it in a masterly manner. The underlying teaching all the way through it is one that the great majority of physicians in this crass commercial and materialistic age will do well to consider. Very many professional men are going through life with dollar bills pasted over their eyes, and madly reaching after the evanescent fairy fame; to such "The Fourth Physician" may have a message and an elevating influence. The basic teaching of this book is a great relief from the ocean of literature with which doctors are now flooding the country on "how to do the least and get the most, or how I caught them coming and going." The doctor with a heart and soul will enjoy this book; the other kind cannot be influenced by any literature on earth.

J. A. S.



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All advertising correspondence should be addressed to the main publishing office, 1839 Champa Street, Denver, Colorado.

Our prices on Reprints about cover actual cost. Those ordering Reprints must order at the time of revising their proofs.

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REPORT OF OCTOBER EXAMINATIONS FOR LICENSES TO PRACTICE MEDICINE.— Eight applicants for licenses to practice within the State of Utah passed the examination of the State Medical Board, and one applicant was allowed to enter on the interstate reciprocity agreement existing between the Medical Boards of the various states. In the first class by examination were: A. L. Curtis, A. D. Cooley, W. W. Beck, A. N. Leonard, J. Z. Brown, C. E. Brain, F. P. McManus, A. C. Sorensen. Of the latter class, by Reciprocity, Homer E. Rich.

TO THE PUBLIC.

A pamphlet, issued by the so-called "Wasatch Medical and Surgical Association," soliciting membership, and signed by Herbert C. Deane, Secretary, has unwarrantedly indicated St. Mark's as one of the hospitals available for the care of those joining their association.

St. Mark's Hospital, for the purpose of advising the public, hereby disavows any connection with this or any other commercial enterprise of similar character, and no physician or surgeon so associated can have entree to this hospital.

ST. MARK'S HOSPITAL,
J. C. CATTRON, Mgr.,
Salt Lake City, Utah.

THE STATE MEDICAL ASSOCIATION AND MEDICAL JOURNALISM.

In answer to inquiries, we explain our position in relation to the Medical Profession of Utah and the State Medical Association. This Journal has from its inception been independent and unaffiliated. We have been in no way tied to the State Association, although for several years we tendered space for the proceedings of the annual meetings and the papers read thereat. The fact that we did so, did not in any way dictate our policy in dealing with the members of the profession at large or with the members of the Association. For several years the Journal was edited by Dr. W. Brown Ewing of Salt Lake City, and it was during the time of his editorship that space for the publication of the proceedings and papers as read at the annual meeting was tendered. Dr. Ewing appeared in person in support of the tender and obtained the contract for their publication, and thus relieved himself of the burden of finding that amount of copy for the pages allotted to the Utah section.

Later he became Secretary of the Association, and about the same time

he ceased to act as editor. Up to that time Dr. Ewing saw no objection to the proceedings and papers being published in the Utah Medical Journal; but, thereafter and each following year, as Secretary and as an ex-officio member of the publication committee, he objected to any arrangement being made with this Journal for such publication, and obtained, prior to the meetings and without instructions from the publication committee, alternative propositions from another journal, in no way materially different from the tender made by this Journal. Finally, the publication committee of 1910 allowed the Secretary to have his own way, and the proceedings and papers have since been published by Northwest Medicine, a journal owned and published at Seattle by the three State Associations of Washington, Idaho and Oregon. We have no quarrel with the organization journal of these Associations, but inasmuch as it styles itself the official medical organ of Utah, we, in self-defense, ask our readers to compare our pages as published during the year 1911 with those of the so-called official organ. We have consistently aimed at advancing the professional well-being of the entire medical fraternity of Utah, and have supported the State Board of Medical Examiners in their efforts to "down" medical quacks, fakers and frauds. During the last session of the Legislature we advocated the giving of greater power to, and supported the Board of Examiners in their efforts to obtain the required amendments to the Medical Practice Acts, whereby it is now possible for the Board to run these vampires as well as criminal abortionists to earth; as evidenced by a recent prosecution and the resulting revocation of a license to practice medicine in Utah. We also advocated certain amendments in the laws governing the public health, and supported the State Board in its efforts to systematize the health laws

of Utah and bring them into conformity with those of other States. We advocated and crystalized the law in relation to the compulsory notification of venereal disease, since known as the "Utah plan." The interesting papers contributed to our Department of Eugenics by Dr. G. Henri Bogart are crystalizing the scientific and intelligent thought of the profession in favor of a certificate of health before the issue of a marriage license, as also a law for the sterilization of the unfit. These are only some of the questions affecting the profession of medicine in Utah which have been discussed in our pages. In addition, we have published many valuable scientific papers which have been endorsed by physicians and scientists of repute, who have thereby testified to the virility and professional acumen of the contributing physicians of our State. We feel that as an "Independent" we have achieved success, and that we can challenge any State Organization Journal to show a better record. On the other hand, Northwest Medicine has no doubt satisfactorily represented its owners, the three State Associations of Washington, Idaho and Oregon, but although held out to the Utah profession as the official organ of the Utah State Medical Association, it is a matter of evidence that Utah has been "very much" left out in the cold. During the entire period since it became the "official, etc.," not one single page of "Northwest" has been devoted to the affairs of the Utah Association or its members, outside of the space given to the proceedings and papers, and no single line has been devoted to the well-being or the upbuilding of the general practitioner of medicine in Utah. Thus, of the 192 members of the Association who, through their payments to the Association were credited with a subscription to Northwest Medicine, not one of them has received any benefit in the way of State medical news. The members of the

Association, unless also subscribers to this Journal, have had no knowledge from a professional source of what was being done for or by the majority of their fellow workers or of the action taken by the Board of Medical Examiners and other boards organized for the upbuilding of the profession and people of this State. What is the trouble with our State Association? It now represents less than one-half of the medical profession of Utah. At the recent annual meeting we are creditably informed that less than 30 members were present at the session at which Dr. McCormack—a leading authority in matters medical—delivered his address as the special representative of the American Medical Association, to the members of our State Association, and that not more than 20, often less, were present at the reading of any one of the other papers. A glance through the program displays the fact that it contains but little, if anything, of interest to the general practitioner. The papers presented were chiefly those of specialists written for specialists. The absent members will no doubt enjoy the privilege of reading these papers in the "official, etc.," but we believe that the great majority will turn from "dry as dust" to the pages of our Journal and there seek enlightenment, enjoyment and refreshment in the green pastures of independency.

We commend to our readers the paper presented this month, entitled, "The Independent Journal," the opening one of a series on general and applied medicine. The author's name assures these papers a hearty welcome by the general practitioner. Taking, as we do, a broad view of scientific therapeutics, we are naturally interested in the practical and financial success of all who have adopted medicine as a profession. We recognize the benefits to be derived from specialism, and our columns will be open for the

report of cases and of any new work along special lines, for we believe that the general practitioner should have the opportunity of forming his opinion as to the value of new remedies, the best methods and the most successful exponents of the various specialties. May the new year bring success and prosperity to our subscribers, our readers and our advertisers.

MEDICAL ADVERTISEMENTS.

It has been asserted that this Journal carries unethical, meaning thereby proprietary advertisements, and is therefore an unfit Journal in which to print and publish the proceedings and papers of the State Medical Association. We have challenged these super-ethical critics to prove that any advertisement carried by us is fraudulent or misleading to a man of scientific attainments and education, but up to the present they have failed to do so, or even to specify any advertisement which they deem unethical. Dr. W. N. Mundy in the Eclectic, says: "They (the American Medical Association) are now publishing medical journals—considering the advisability of publishing others—a health journal for the laity, and even entering into the book-publishing business. Condemn State Journals, Independent Journals and exclaim, 'How holy am I! My advertisements are all censored!' yet the Journal of the **American Medical Association** contains advertisements for more proprietary remedies than any journal published with which I am acquainted." Two blacks do not make one white, but the gentlemen who so industriously shout "unethical" whenever this Journal is mentioned, are members of the A. M. A., and therefore bound by the action of the body who make a profit out of the proprietary ads published in their Journal.

THE INDEPENDENT JOURNAL.

In the November issue of this journal, the editor called attention to the remarks which have been so frequently made, by those either directly, or indirectly, connected with the organization publications regarding those of an independent character. His remarks were not sufficiently forcible, and he omitted much which might have been written on the subject.

If we were to await the pleasure of the organization journals we would be months, or years, behind the times at all times. This class of journals, as a rule, publish only such papers as may have been read before the different associations, be they county, state or national, and in consequence, in many instances, we are served with material which may have been shown to be either wholly, or partially, in error prior to the time it is given us in print. The organization journal prints but little in the way of practical, every-day observations of the practitioner, and confines itself to articles either highly technical or ultra scientific. Either of the latter, of course, have a certain value, but as a rule they are verbose, too much so in the majority of instances, thus making their reading an effort to the vast majority of the profession. Again, it is frequently found that quite a large percentage of the articles appearing in this class of journals, are written by specialists and upon matters pertaining wholly to their own special line of work. In consequence, such articles do not appeal to the general practitioner, other than as references from time to time, and he does not read these papers with the same amount of interest as is given the little practical papers devoted to the simple experiences of the doctor who confines himself to no specialty in particular and who is, from day to day, noting little things which, as a whole, go to make up the life of the successful practitioner.

In the past, and until very recently,

we have been seeing all of the organization journals finding fault with drug therapy and allowing the publication within their columns of papers in which the contention has been made that, all acute diseases, or at least a large majority of such maladies, being self limited, there was little, if any, need of drug application. In fact, some of the editors of such journals have allowed the publication of articles saying that drugs, other than those passed upon by a handful of men, the majority of whom had never applied a single drug clinically, were worthless. All of this in spite of the numerous reports to the contrary from men who had had a practical experience with many agents not so vouched for.

Until very recently even the Journal of the American Medical Association, the leader of all organization publications of America, allowed the publication of papers in which therapeutic nihilistic sentiments were broadly voiced, and in which those men who had employed agents not authenticated by the few mentioned above, were made the object of ridicule, even in the face of the fact that such remedies were found of value, when properly applied.

Within the past few weeks the J. A. M. A. has had a change of heart, due undoubtedly in its entirety to the address of President Murphy, in which he insisted that the time had come when the doctor, were he to make a success in practice, must give such drugs, or other therapeutic agents, as would bring prompt relief to his patients, and today we see this journal publishing editorials upholding the remarks of Doctor Murphy, despite the fact that only a few short months ago it allowed column after column to be devoted to the combat against drugs and their applications for the relief of disease. Not only did Doctor Murphy say that drug should be employed in the treatment of disease, but that, regardless of the fact

that a complete diagnosis might not be impossible at the initial observation, those symptoms which were apparent should be relieved, if possible.

The major portion of the independent journals have allowed, and courted, the publication of articles fresh from the pen of the writers and not a lot of shop worn stuff which had gone through a course of two or three years reading in the county, state and national associations and then a wait of another year or two in the editor's hands prior to publication. The articles in the independent journals, for the most part, have been relative to subjects of the day and consequently of immediate interest to the readers of such journals. Every new remedy which has been brought out has, in the vast majority of instances, received its introduction to the profession through the columns of the independent publications, and that within a very short time after its presentation to the doctor. In this way the journals of this character have been of vast value to the entire profession, much more so than have been those of an organization class, as the latter have had to await authentication prior to mention within their pages. The independents do not say that the doctor should believe all that they publish as being the truth, the whole truth, or anything like it, but offer the ideas of the members of the profession and their findings and allowing the individual doctor the privilege of trying out such ideas, or not, as he may see fit. The organization journal says that the doctor must, or must not, as the case may be, employ anything not authenticated. The independent journal tells the doctors the news of the day and prints the practical findings of the contributor without comment and in this way gives the doctor an opportunity to employ and either continue or discard many a remedy long before it has been authenticated. Even though

many agents fail of authentication by the organization chemists, they are found of value by the clinician and it is only through the pages of the independent journals that they may subsequently be discussed, as their mention is not allowed within the columns of any of the organization publications. Because of this the reader of the latter class of journals misses much of value, in that such journals are extremely narrow in their views.

The organization journal is undoubtedly to blame for more of the idea of therapeutic nihilism that has been with us for a number of years, than is any other one thing. The independent journals have, on the other hand, both in papers and editorials, endeavored to foster the idea that drugs were with worth, and great worth at that, and it is through their efforts that we see a change of opinion creeping within the pages of the highly technical and ultra scientific association journals.

All of us who have written to any considerable extent for the independents have been approached as was the contributor to this journal, with letters of sympathy and condolence because of the fact that the advertising columns of these journals carried some publicity matter of an unauthenticated character. I remember being found fault with because I took it upon myself to mention a few products of a certain manufacturer, at that time at loggerheads with the organizations, but my fault finder did not have sufficient nerve to sign his name to his communication, or even write it with a pen or pencil. Since then the manufacturer in question and the organizations have come to an amicable understanding and I presume that my unknown friend would now uphold me, even though I were to put still greater strength in my discussion. The organizations and their journals are not consistent. They are political in the extreme, blowing cold one day and hot the next. The inde-

pendent journal believes in giving every dog a show, allowing the profession at large the privilege of determining whether or not right and justice prevail. The organization journals are narrow, while the independents are broad of mind. In spite of whether the editor of the independent may, or may not agree with his contributor in toto, he does not dispute what may have been offered. If he makes a comment, it is not, as a rule, one of ridicule. The independent invites pertinent discussions within his pages and in that way opens a way for the expression of a wide diversity of opinion. The organization journal allows of no discussion, it being presumed when a paper is permissible of presentation in such a journal, that it has reached a point of perfection wherein farther discussion becomes unnecessary.

Owing to the short session of the average association, the number of papers is necessarily limited, and were we to be given only such as are published within the columns of the organization journals, our knowledge of the later events would be curtailed in the extreme. The independent journal fills in the breach nicely, in that it does not depend upon the associations for the articles it prints. While the organization organs publish much of real value and of a practical nature, their pages, as a whole, fail much more than do the independents in practicability.

It has been noted, and that within recent days that the organization journals are far from being consistent. Within the year much has been said of a certain specific remedy, and while this drug has not been authenticated as yet, articles thereon have appeared within the pages of every one of the organization journals, although, as is almost invariably the case, the independents first brought this article to light.

For political reasons, in all probability the country doctor, has been ridi-

culed in the organization journals, because of the fact that he has been obliged, to a great extent, in order to practice his profession to dispense his remedies, rather than write prescriptions therefor. In some of the articles appearing within the organization journals, the ability of the doctor to so dispense has been questioned, in fact, in one or two instances the dispenser has been practically called an idiot. Such articles have, as a rule, emanated from city men who have never seen the inside of a dispensary and who know nothing of dispensing. I doubt if there is an editor of an independent journal who would allow the publication of such an article, at least without comment.

All of the organization journals are political organs and it is only at the time of annual meetings that the editors come in contact with the profession at large, and even then such contact is only of the vote getting sort. The editor of the independent, on the other hand, has no axe to grind other than that of filing his pages with readable and practical matter, and he always endeavors to keep in close touch, both with his readers and contributors, as it is absolutely necessary that he offer good stuff at all times, or fail in his endeavor. The organization editor does not, as we would say in Nevada, have to "rustle" for any of the "copy" with which to fill his pages, nor does he have to worry about the character of such "copy." If an article has been accepted by, and been read before an association, no matter whether it be practical or not, it is allowable within the columns of the organization journal.

There is entirely too much of a political nature both within the associations and their publications, and that undoubtedly accounts for the fact that so many doctors are withdrawing their support and giving it to the independents. Every man is looking for a square

deal and if he cannot get it from the organization and can get it from the independents, it is obvious that the latter will gain his support.

It has been contended that many writers for the independents do too much writing, but I have found that, although I have written largely for something over twenty-five journals for a period of several years, hardly a single paper appears which does not bring me more or less correspondence. Within the past two months I wrote a simple little thing relative to a couple of laboratory tests, relative to the diagnosis and treatment of toxemia, and hardly a mail reaches me which does not bring an inquiry regarding the apparatus and technic of procedure in the making of these tests. In addition to some of the organization papers, I receive not less than twenty of the independents every month, and it has been my experience that the latter have put me in the way of much more of a practical nature than have the former.

Most of the matter printed within the covers of the independent may be put to use immediately, while the major portion of the papers appearing within the organization journals commands the attention of only a favored few, and they specialists located within the metropolitan centers. The country doctor is eternally looking for something which will help him in his general work, and not so technical as to require profound study, and it is within the columns of the independents that he gains such information, either from the contributions or editorials.

Despite anything to the contrary, the independent journal has come to stay, and I believe that the time is coming when it will be a greater force than is the organization publication, if it does not hold that position even today, and it seems to me that it does. The independent has helped bring about better social conditions, through the passage of laws controlling certain elements; it

has served to uphold the true doctor in his endeavor to treat his patients as he pleased and with what he pleased, regardless of authentication and has been the valuable stepping stone in overcoming therapeutic nihilism. It has done more for humanity, because of its independence, than has the organization journal, in that it has insisted that the sick should be relieved with promptness and with such agents as might be clinically active, regardless of their authentication by a few within the bounds of the laboratory. It has allowed the publicity of opinion, not allowable within the pages of the organization journals, for diverse reasons, and in this way has served to bring the profession closer together in one big family in which each individual has been striving to assist all others.

The independent will live and grow in popularity, if operated on practical lines, and that despite the efforts upon the part of the organization to wipe it out of existence, as it is something which appeals to the masses and not to the classes.

GEORGE L. SERVOSS, M.D.,
Fallon, Nevada.

NEURASTHENIA.

Under the term Neurasthenia we include all manifestations of the condition known as nervous exhaustion or prostration. It may be manifested in a variety of ways. Its symptoms will depend on the type as for instance, cerebral exhaustion, spinal exhaustion. It is a disease of worry, anxiety and depression, with resulting sleeplessness and disordered digestion. It is not so much over work, physical or mental as it is "the worry" which accompanies or results from such over work.

The name is given to a group of symptoms with severe depression of the vital forces. It is usually due to prolonged and excessive expenditure of nerve energy and is marked by a ten-

dency to fatigue, lack of energy, pain in the back, loss of memory, insomnia, constipation, loss of appetite and other related symptoms. A neurasthenic heredity, while not a disease, constitutes the fertile soil for many functional diseases, such as epilepsy, chorea, hysteria, catalepsy, etc. A neurasthenia being often developed prior to the appearance of the special symptoms. It is admitted that nervous derangements are more common today and that the American people are more disposed to nervous troubles than those of foreign birth. The children of emigrants, however, soon develop American habits and the consequent development of the neurasthenic traits. We must remember that the American lives faster than the foreigner, that is, he puts into each day of twenty-four hours more work, energy and worry. He denies himself a proper and sufficient time not only for absolute rest, but for the relaxative rest which the foreigner secures during the periods of time devoted to social duties and pleasures of life such as family or social entertainments, which he or she does not worry to report in detail to the local or city press, as well as the quiet and unostentatious enjoyment of food in the home accompanied by conversational repartee and amusement. Dyspepsia, the result of inordinate worry and fatigue with the hasty gulping of food may be described as the chief forerunner of neurasthenia.

Causes.

The causes are divisible into—

1. Predisposing.
2. Exciting.

Among the predisposing are:

- (a) Heredity—showing itself between the ages of 15 and 20 years, through ancestors that were sufferers from diseases that break down metabolism and exhaust vitality—such as gout, rheumatism, syphilis, tuberculosis and chronic alcoholism.

b) Improper training—mental and physical.

(c) Character of mental pursuits.

(d) Age and sex.

Among the exciting or acquired causes, usually showing themselves between 30 and 45 years; we find:

(a) Traumatism.

(b) Overwork.

(c) Abuse of the sexual organs—masturbation, unnatural sexual intercourse for the prevention of conception, excessive venery, excessive fecundity and pelvic diseases in the case of women.

A Disease of Civilization.

Some of the more common and everyday factors which tend to promote these conditions of nervous debility, Neurasthenia, with resulting functional nerve diseases, are:

Dryness of the Atmosphere.

In many sections of the country the excessive dryness of the air absorbs the natural fluids of the body, thus tending to render the nervous organization more susceptible to external and internal irritation.

Extremes of Heat and Cold.

The Northern States are subject to cold winters followed by a high range of temperature during the summer months. The freezing blasts of winter lead to alternating waves of heat and cold, for the majority of our homes during many hours of the day are filled with a dry, overheated atmosphere, while during the remaining hours they are given over to the ice king. On the other hand, during the summer months, the climate is not adaptable for out-door exercises by the "many"—who, instead of taking part in boating, baseball, polo, etc., pay professionals to do the work, whilst they become mere *spectators*, instead of participants in the health-giving exercises of the other nations. Hence, the

neurasthenic, for want of proper exercise, finds himself compelled to seek relief in southern climates or seaside resorts and such places as the West India Islands, the Bermudas, Southern California, etc.

Heating of Rooms.

Our grandfathers relied on food and exercise for warmth. The log fire on the hearth has been almost entirely superseded by oxygen-consuming stoves, furnaces and steam. Most of us, in our homes and in our offices, are now baked and our body juices dried up during the winter months in a temperature of 70 to 80 degrees. Is it surprising that a subsequent slight exposure to an extreme or even a moderate degree of cold drives the blood from the surface of our bodies to the lungs and digestive viscera, and that pneumonia has become the most dreaded and fatal disease of this generation?

Habits of Eating.

The absence of natural fats from our food, the hasty gulping of food without proper admixture of saliva and the almost immediate return to the workshop or office, are provocative of the neurasthenic diathesis. Dr. Ranney, speaking of the necessity for fats in our dietaries, says: "It has been my custom for years to allow babies suffering from nervous debility to chew upon a well-cooked rind of salt pork. I believe that this form of food must of necessity always be the main article of animal food for the community at large, but today salt pork has given place to 'canned' abominations, resulting in frequent cases of ptomaine poisoning among both the young and the old."

Educational Methods.

Defective eyesight is found in quite a large percentage of our children. One of the most frequent of the many symptoms of nervous exhaustion in

adults is a run-down or weakened condition, which manifests itself in a severe pain and weariness whenever the eyes are used. Our school authorities are being gradually taught the importance of controlling these evils, and within a few years the medical and physical examination of all school children, at least, once a year will be the rule and not the exception.

Hygienic Surroundings.

Each year gives evidence of improved conditions, for not only is a proper water supply with bath and toilet rooms a necessity in our cities, but they are now found or are being installed in our progressive hamlets and up-to-date ranches.

Alcohol, Tobacco and Stimulants.

Bulwer Lytton, in one of his novels, says: "It requires a very strong constitution to dissipate."

We are forced to the conclusion:

(1) That the tendency of the age is towards nervous excitability and debility.

(2) That the brain-workers (in contradistinction to the muscle-workers) are more susceptible to external and internal disturbances than in past generations.

(3) That many of the factors stated can be justly included in the elements that have produced this result.

Varieties.

Neurasthenia has been segregated into cerebral, spinal, cardiac, gastric, etc., owing to the fact that the predominating features may be manifested by a single organ—but the distinction cannot be made in each and every case—combination of the symptoms are often encountered in the same individual.

Conclusion.

The morbid fears of the neurasthenic may assume one of many types. They are usually uncontrollable, although the patient knows they are groundless and absurd. They, however, take possession and cause mental torture of an extreme kind. Melancholia is not an infrequent symptom of neurasthenia.

The outlook is not favorable unless treatment is adopted early. A very large proportion become hopeless invalids, but if eyestrain is found to be the important factor, the prospect of recovery is favorable.

FREDERIC CLIFT, M.D.,
Ogden, Utah.

DEPARTMENT OF EUGENICS

***PROSTITUTION.**

Segregation and Regulation Does Not Control.

By E. G. GOWANS, M. D.,

Superintendent of the State Industrial Schools.

Ogden, Utah.

Prostitution has probably existed from the beginning of civilization. It has always been regarded as an evil—by some as necessary and to be tolerated without regulation, by others to be regulated and reduced to a minimum, and by others as an evil but

not to be tolerated—an evil to be fought, to be battled with, to be overcome.

Those who believe that it is an evil to be tolerated have attempted to regulate it. Attempts of this kind have been made at various times from the days of Solon down

*Read at a Public Meeting of the Citizens of Salt Lake City, held under the auspices of the Women's Welfare League, October 16, 1911.

to the present time. Whatever attempts have been made in America have been patterned after the French system of regulation such as exists in Paris. This system provides for the registration of all prostitutes, confinement of as many as possible to licensed houses, medical examination once in two weeks of all who live outside of licensed houses, and the isolation and medical treatment in the prison hospital of St. Lazarre of all who upon examination are found to be diseased. This requires a separate set of officials distinct from the ordinary police organization and consisting of the chief of the morals bureau and a corps of secret service men who have exclusive and entire control of all prostitutes.

I am not here to question the motives of those who think to diminish this evil by segregation and sanitary measures, thus rendering, as they themselves say, illicit indulgence less dangerous to health; but I am here to condemn all such effort as being unworthy of sane high-minded American citizens, who are or ought to be working not only for the benefit, each of his own city, but for the benefit, the cleanliness, the advance of the nation and the race. What has this policy of toleration and regulation ever done toward diminishing this evil or its consequences? M. Lecour, who was for many years the official who had this work in charge in Paris, says: "The administration has redoubled its activity; it has multiplied its acts of repression and it has definitely succeeded in maintaining a satisfactory condition of the sanitary state of public-registered girls, and yet sanitary statistics prove that prostitution is increasing, and that it is becoming more dangerous to the public health? If an indorsement of the system of regulation is to be expected from any source, Paris is that source, yet this is what we get.

Examination a Joke.

What does this much talked of medical examination really mean? Medical men generally recognize the whole thing as a farce—a huge joke. In the first place it is notorious that the class of medical men who hire themselves out at so much per capita per month for the examination of public women can hardly be regarded as fair examples of the membership of this noble profession. I grant you that no real physician will refuse to care for and treat any suffering human being who seeks his help, but I do say that treatment of these cases in the ordinary legitimate way, and this so much per capita per month proposition, are two very different things. Medical men have been divided into three classes by Dr. Bogart of Indiana: First, the muckrakers, not in the modern signification of that word, but with its classic definition from Bunyon, the fellow whose sole purpose is

the raking together of dollars, no matter how dirty; second, the woodenheaded mechanic, working mechanically at the trade of medicine, and third, the true professional man, the high priest of purity, serving at the altar of clean, sound manhood and womanhood for the healing of the nations. Your so much per head per month belongs in the first class. In the next place unless the examination is done with care and painstaking accuracy, unless a microscopic examination is made in each individual case, the certificate of the best physician on earth that any public prostitute who is actively plying her vocation is free from contagious disease is not worth the paper it is written on, and the rank and file of the medical profession know that when I say this I speak the truth.

I have taken pains to inquire into the methods of some of these medical examiners, and I am assured that in most cases the examinations are not worthy of the name; they are but casual, routine, and perfunctory—in other words, they are a mere pretense.

The Segregated District.

Now the strongest argument for a segregated district is the argument of better sanitation and the argument of better sanitation is a joke in the minds of the members of the medical profession and ought to be in the minds of the laity as well. What are some of the results of these misguided efforts on the part of those who believe in regulation? In the first place, there are hundreds of men, single, married, young and old, who have no conscientious scruples against indulging in illicit sexual practices, but who do fear contagious disease. These men are encouraged by the false security which the pretended medical examination gives to frequent the segregated and medically examined district, and innocent wives and more innocent unborn children will pay men who would remain pure in their lives a result, hundreds, aye, thousands of young men must sow his wild oats and, as is truth in the damnable doctrine that a continent life is impossible, and that there that the social evil is necessary; that the least semi-official recognition of the belief the penalty. Again, segregation means that are encouraged to debauch themselves. Further, it means to the girl who has been seduced and abandoned and against whom every hand is raised and almost every door closed, that there is a place where she can go and be welcomed, and to that place she goes.

It means more blind babies; more innocently infected married women on the operating table; more male deaths from obscure heart, brain and kidney disease; more barren women; more marital infidelity, and more cause for divorce.

If segregation and medical inspection mean anything, would we be confronted with the fact that one-half of the adult male of population of Paris is diseased? Would we be told that the condition in Berlin is nearly as bad? Would we be compelled to admit that in St. Louis between 1870 and 1874, when segregation was under trial, that the number of brothels increased 34 per cent., and the number of registered prostitutes 35 per cent? Certainly not.

Now, in the face of all the experience of the past, right here in our own beautiful city we have been attempting segregation and medical inspection. We were told that it would mean clean rooming houses and hotels. We were told that it would mean no lewd women soliciting on the streets. We were told that young boys would be kept away from the segregated district, and we were told all the other nice things that are used as arguments for segregated vice. What has it meant?

Instead of clean rooming houses and hotels, it has meant an understanding whereby men could telephone the district and secure guaranteed girls to meet them at their rooms. Then what a spectacle on the day that the stockade was supposed to close to see runners from various hotels and rooming houses plying their vocation at the entrance to the district as though it were a union depot and the Overland Limited had just arrived. Instead of streets free from women soliciting it has meant that a self-respecting man could be solicited five times in walking one block in the business district at 9 o'clock in the evening. It has meant that boys and girls, at the time in their lives when they least understand their own emotions and impulse and when those emotions and impulses are driving them perilously near to ruin, must have it daily and hourly driven into their consciousness that this social evil is so important and so necessary that a separate place must be set apart for it; that the place must have the protection of law; and that therefore it must be quite respectable after all. These are some of the things that it has meant not only here, but everywhere it has been attempted.

And now we are told that if the segregated district is closed, all the underworld women will be scattered throughout the town and then there will be safety for no one. Not if those who are charged with the enforcement of the law do their duty.

Lax Enforcement Cause.

One of the most potent causes of crime, in my opinion, is our slipshod method of enforcing the law. We have a lot of splendid laws enacted in this state of ours, but too often they are not enforced. It is stated by good authority that in the United States in only two per cent. of the total number of crimes are the criminals con-

victed. This is a very poor showing as compared with Germany, where 95 per cent. of the murderers are convicted; or with France, where the percentage of conviction is 60 per cent; or with Italy, where it is 77 per cent; or with England, where it is 50 per cent.; or with Spain, the butt of ridicule of the nation at the present time, where the percentage of conviction is 85 per cent.

We have a law which makes it a misdemeanor for any one to sell or give to a person under 21 any cigar, cigarette or tobacco in any form, and this law further provides a punishment by fine of not to exceed \$100 for any minor who has tobacco in any form upon his person; and yet you may see, if you take the time for observation, any evening on the streets of Salt Lake, dozens of young fellows not over 17, 18 or 19 years old, walking along the public streets with pipes, cigarettes or cigars, as they happen to prefer. So we might go on to mention the curfew law, the child employment law, the liquor law, and many others, and as we consider them and note their quality we are forced to the conclusion that it is our slipshod method of enforcing the law that is most to be blamed.

I am not here to say whose is the fault for this non-enforcement of the law in the past—you know as much about that as I do; but I am here to say that insofar as the future is concerned there is only one course for us to pursue. We must insist that those who are charged with the responsibility of enforcing the law shall meet their duty.

If it is possible to drive all the prostitutes into a segregated district, thus leaving all other parts of the city clean, it is just as possible, providing the officers do their duty, to drive them out of the city entirely. And this is the only position we can take. We must serve notice on every prostitute, every keeper of a brothel, every man or woman who rents a house out for immoral purposes, every kept man—God save the mark—that the law will be enforced to the letter and that while other cities are willing to temporize with this problem, we have decided to put into effect a new line of treatment and that in that treatment there will be on our part absolutely no compromise with evil. In the name of all that is sacred, in the name of our children, our boys and girls, in the name of fatherhood and motherhood, in the name of the race, in the name of God, I beg of you not to enter into any compromise in your dealing with this matter.

If no appeal can be made to men, let me say to you women of Salt Lake, you have in your hands the balance of power, you have the right of suffrage, you can and must decide where you stand in this vital question. We must have in every important office in this city, not only that, but in

every important office within the gift of the people of this community, from our senators and representatives in Congress

down, men whose hands and whose lives are clean. This is our simple duty and may God help us.



DR. G. HENRI BOGART.

We have much pleasure in announcing that Dr. G. Henri Bogart has consented to act as associate editor and contributor to this department of our Journal. The following biographical items accompanying photograph will, we believe, be of interest to many of our readers.

G. Henri Bogart comes from a race of teachers and doctors, his Holland Dutch ancestor having come to New York in 1616, as the surgeon for the Dutch West India Company, and they have multiplied so that now he knows of more than half a hundred physicians in America who trace back to the common ancestor. On the maternal side Dr. William Tait of the famous Scotch medical family, was born in 1721, was a Revolutionary surgeon and died in 1832 of cholera.

At twelve, Dr. Bogart graduated from the

high school at Mt. Airy, a suburb of Cincinnati, Ohio, and since that age has been active in journalism.

He is a graduate of the regular and eclectic medical schools and has been a deep student of sociology and eugenics all his life. He was one of the leaders in the securing of the "Indiana plan" of sterilization of the unfit, and after the final passage of the bill, he began exploiting the matter through the medical journals, with the result that ten states now have this law in some form and the question is in agitation all over the world.

In 1908, a lady who had derived great benefit from Dr. Bogart's advice, an asexual condition, begged him as a duty to promulgate his views through the medical journals, and in the three years since his reputation as a fearless and original thinker

has grown so that he is now on the staff of thirty-five medical journals, and in every case by invitation of the editors.

Much of his work is of so much importance that the ordinary rules of exclusive contribution is waived in the publication of his papers, which usually appear simultaneously in journals published in different sections of the country.

A WOMAN'S VIEW OF THE SOCIAL EVIL.

Since the dawn of creation up to the present time, there has never been, in ancient Greece or in modern America, or in any other country, a serious effort to prohibit the traffic in woman's shame.

Since the days of Shylock, and probably before, down to the present time, a few cents' worth of property has ever received prompt attention at the hands of the law. A man may safely be robbed of his daughter, but let no miscreant dare extract hens from his chicken coop or wood from his wood pile.

There have been many and successful efforts of late years to prohibit liquor selling, and gambling, but the most serious vice of the three great ones is punished by a series of fines, and if a woman has sunk so low as to actually commit robbery, steal property, you know, she is given a "floater" out of town. A young man's virtue is nothing, of course, but his money, his material property, must be protected.

Men have made the laws and administered them since the dawn of creation, and it is greatly to the discredit of their sex that in this one particular they have not progressed one iota, during all these centuries. You will often hear men, and even decent men, speak of this evil as a necessary one. You will rarely ever hear a woman speak of it so. She knows better, and she has nothing to lose, and all to gain by telling the truth about it.

The most that has ever been done in regard to this evil is not to prohibit it, but to confine it to some special location, where it is supposed to be the least harmful.

Before God, and in the light of the experience of earth's children, there is no such a spot.

Is such a location to be found in the midst of the business district, where it is easy of access to men and women alike, and where young girls and boys must daily see the entrance to the way that leads to ruin?

Is such a location in a residence district, where even babies may be contaminated by vile sights and sounds? Then where is the ideal spot?

Some of the residents of Salt Lake are raising legal objections about the white slave traffic in that city. But is the objection made because there is such a traffic in Salt Lake City? Oh, no; it is because it is to be brought next door to them. They have let the traffic grow and prosper, and now

the vile thing wants to move in next door to them and flaunt its ill-gotten wealth in their faces.

It is this shifting of the burden somewhere else, this shutting the eyes and leaving the responsibility with others, this handing out a "floater" and giving an order to "move on" that has so strengthened the evil that now it brazenly refuses to "move on."

Are the citizens of the west side of Salt Lake City any better than the citizens whose daily duties call them into the vicinity of Commercial street?

Until Christian people cease the attitude of fighting only the near proximity of this evil, and not the evil itself, they will not have success, nor do they deserve to have.

Why should these women be given fines, and in case they are too bad, "floaters," instead of a jail sentence for every one of them, from the proprietor down? We can only think of one answer: Because men administer the law, and they are men who are not desirous of wiping out the evil. If they really were serious the evil could be as effectively prohibited in any given city as the crime of burglary is. As soon as a few cases of the latter are reported every one gets busy at police headquarters and the suspicious looking individual that can't show what his trade is is arrested and held in jail on some trumped up charge until investigations can be made concerning him. Not so with the woman of ill repute, unless, indeed, she has not paid her tax to the city.

We feel very much aggrieved if Butte or some other city sends us a smallpox patient, knowing that he has the disease. Yet we continuously give out the order, "move on," to women who are far more of a menace to the public welfare than is any victim of smallpox, and "for a price" that looks small beside "thirty pieces of silver" sell the privilege of contaminating the health and morals of citizens, young and old of both sexes.

We do this, among other reasons, because other cities do. It remains for some city in the United States to distinguish itself by successfully abolishing this evil. The city that does it will be largely under the control of women, or at least greatly influenced by their votes. This narrows the chance down to four states. Are the women of this city cultured and consecrated enough to do it?

It would imply having a mayor (and a chief of police appointed by him), a muni-

cipal judge and a city attorney who had all been elected on the single issue of the abolition of the red-light district and a jail sentence for all its inhabitants.

There would have to be concerted and more or less public action taken by the women regardless of party or sect.

They would have to form an independent political party of their own. They would have to stick to that party, regardless of the ridicule of politicians, the threats of their enemies and the coaxing of their frightened friends.

Worst of all, they would have to overcome in themselves a false sense of modesty and

a fear of publicity which is inherent in womanhood. Their mission to their sisters and in behalf of long-suffering humanity would have to mean more to them than ease and freedom from responsibility.

But it is a woman's question. In its present state, it brings injustice and slavery to our sex. It will never be settled by men. It will be settled by women. It will be a movement led by a woman who will be braver than Joan of Arc.

Who will be brave enough to lead this movement? Who will hear the voices and see the visions? Who dares to ask her God, "Lord, is it I who should do this?"

MEDICAL NOTES AND ITEMS

Public Cup Must Go.—The public drinking cup is prohibited in Utah after January 1st. This is the information given out by the State Board of Health, which passed resolutions to this effect at a recent meeting.

The resolution prohibits the use of a drinking cup in railway trains, depots, public or private schools or other educational institutions.

Kansas, Oklahoma, Colorado, Idaho and Oregon all have laws against public drinking cups.

Take Care of Your Mouth.—Don't swap pipes, and when you buy a cigar, bite off the end or cut it with your own knife or cutter; don't use the common cutter in the store, which some one has probably used just before you, after wetting the end of his cigar with his own saliva.—Pacific Med. Journal.

Anti-Sanitation Trust is Dissolved.—Baltimore, Nov. 27.—The formal order dissolving the so-called bath-tub trust, which was signed by United States Judge Pritchard at Richmond, Va., last Saturday, was signed and announced here today by United States District Judge Rose.

The order is in the form of an injunction restraining the Standard Sanitary Manufacturing Company and the other defendants from resuming and engaging in the combination to restrain commerce in sanitary enameled iron ware.

Claims Damages for Death Caused by "606."—Suit for \$10,200 damages for the death of William L. Earls was recently filed in the Third district court by Millie Earls against Dr. John W. Giesy.

Plaintiff, who was the mother of the deceased, a minor child, alleges that Dr. Giesy attended the young man and treated him with "606," despite her warnings not to give him such treatment, and despite her protests against him attending the boy at all.

Mrs. Earles declares that immediately

after the doctor administered the "606" her son took convulsions and died.

The mother alleges that the son was her main support. She asks \$10,000 damages and \$200 as reimbursement for costs incurred through sickness and the funeral of her son.

Health Certificate Before Marriage.—A decree of far-reaching character has been issued by the Armenian patriarch in Constantinople. The Greek metropolitan orders his clergy in future to celebrate no marriages unless the parties thereto furnish a certificate showing that they are healthy subjects, both physically and mentally. The certificate must be attested by a medical practitioner possessing recognized qualifications.

Japan and the Lost Tribes of Israel.—The Jewish World revives the old theory that the Japanese are the descendants of the lost tribes of Israel, remarking that it was probably inevitable that they should be sought in the Japanese in view of the fact that the museums of Japan contain numerous engravings purporting to show the landing of Jews in Nippon. One of the pictures cited is said to show a procession in which the ark is discernible and in which the priests wear hats of biblical pattern. Another depicts Solomon in the act of receiving gifts from the Queen of Sheba, while—and this is regarded as the most conclusive of all—the founder of Japan's dynasty of 126 emperors bore the same name (Osea) as the last king of Israel (Hoshea), his contemporary.

The American Indian Descended from Old Rameses.—That the American Indian, and especially the California aborigine, are descendants of the Ancient Egyptians, is the belief of Albert Kamp of Alameda, a pioneer whose researches into the life and customs of the prehistoric Indians has been carried on for more than fifty years.

Kamp's chief foundation for his belief is the existence of the "throwing stick" among the California tribes living near the rivers of the State, which stick, he thinks, is the exact prototype of the throwing stick used by the ancient Egyptian fowlers in the delta of the Nile many centuries past.

Kamp received a specimen of the throwing stick from a friend in Sacramento a few days ago and illustrated the manner in which the Indians killed duck, geese and other wild fowl and even small animals by its use.

The stick is about three feet long and curved something like the boomerang used by the Australian bushman.

"This throwing stick is exactly like the one used by the Egyptian wild fowlers of the Nile delta in the time of Rameses the Great," said Kamp, "and although the California Indians were not divided into castes like the Egyptians, and any tribesman could use the stick to supply his own larder, the method of using it was exactly the same.

"The fowler went to the marshes and hiding himself in the tules, waited for his quarry to appear. Then he threw the curved stick with unerring aim, hardly ever failing to bring down his game. In the early days, before the Indians became possessed of firearms, I have watched them by the hour among the tules, using their throwing sticks on the wild fowl.

"This practice, which I have never seen

mentioned in books on the subject, was also employed by the desert Indians. There was one tribe in the desert east of San Diego that was known by the name of "Boomerang" by the old settlers on account of the use of the throwing stick, which resembles in its main features the weapons of the Australian aborigine.

"In all history there is no mention of any nation but the Egyptians using the throwing stick, nor do modern travelers tell of any savage tribes using it, so the American Indian must either have come from Egyptian stock or else have come in close contact with the stick throwing fowlers of the delta of the Nile.—Pacific Medical Journal.

TO OUR READERS:

The February number will contain a very interesting article on "The Bane of Prudery." The question is asked, "Why is it that so many men, after a life of probity and virtue, when they pass life's divide, start the downward path morally as well?" We shall also have something to say in answer to Dr. Gowan's paper and "A Woman's View of the Social Evil," not in opposition, but from another and perhaps more practical viewpoint.

Denver Medical Times and Utah Medical Journal

VOLUME XXXI

FEBRUARY, 1912

NUMBER 8

FLEMING'S SKIN STITCH.

H. G. WETHERILL, M.D.,
Denver, Colo.

Dr. C. K. Fleming's unusual mechanical ingenuity and manual dexterity will be remembered by his students and his associates, for he displayed a high degree of both in his work as a teacher and in the operating room.

For rather more than a year before his untimely death, he had been using a skin stitch which gave a fine line of close apposition of the epithelial surfaces and left a very smooth and slightly cicatrix. This stitch was shown to many of his friends, and inasmuch as the writer has used it quite extensively and has found it very satisfactory, he desires to describe it for the double purpose of giving it to the profession at large and also to give Dr. Fleming credit for its evolution.

The stitch aims to accomplish with ordinary suture material what is so well done with Michell's and other metal skin clips; i. e., approximate raw surface to raw surface, avoid infolding of the epithelial margins, and allow the epithelial lines to meet on an exact plane when the stitches are removed.

This is accomplished as follows:

The cut edges of the skin are evenly brought together by stretching the wound with small tenaculum forceps, catching it at either end. The stitches, preferably of silk worm gut, are put in from a half to three quarters of an inch from the edge of the incision and from three-quarters to one and a quarter inches apart, depending upon the tension necessary to bring the edges together. Then the particular feature of Dr. Fleming's stitch is employed. As

each stitch is picked up to be tied, the skin margins are caught with mouse-toothed forceps and carefully and evenly approximated **raw edge to raw edge**, precisely as is done in applying Michell's clips. As the first knot on the stitch is tightened, the forceps depress the skin margins in such a way as to leave a longitudinal ridge underneath the stitches. This ridge is well shown in the illustration. All of the stitches are tied in this manner, the ridge being thus prolonged from one end of the incision to the other.

Dr. Fleming used the ordinary square knot tied on one side of the incision. I have used three turns on the first half of the knot, as is shown in the illustration, without putting any second knot upon it. This allows the ends of the stitches to lie flat on the surface of the skin and avoids any enlargement of the knot itself. It has been my experience that these three turns rarely slip, even under considerable tension, if the stitches are close enough together. They are easily removed and help to splint the surface of the incision.

The stitches may be removed from the seventh to the tenth day, and after the redness and slight swelling have disappeared, the wound is found to be smooth and slightly and, unless the patient happens to be one of those unfortunates predisposed to keloid or hypertrophic growth in scar tissue, the ultimate result will be quite satisfactory. The writer has seen many scars invaded by keloid in the last few years, both in his own and in the patients of other physicians. It seems to be due

to an unaccountable, low-grade infective process, the complete prevention or cure of which is as yet uncertain, but I am sure that a nice apposition of the edges of the incision, such as is accomplished by Fleming's skin stitch, helps to prevent it.



FIGURE NO. 1.—Wound in lower right quadrant of abdomen for the removal of appendix. Note the longitudinal ridge underneath the stitch line, the raw surfaces underneath the epithelium being brought together. Note three turns on the first half of the silk worm gut stitches, the ends of which lie flat upon the abdominal wall. Dried blood and tincture of iodine are shown about the stitches and in the depressions of the incision.



FIGURE NO. 2.—The same wound after removal of the stitches. This shows the skin straightened out and the longitudinal ridge flattened. The dried blood and iodine in the interstices give the appearance of a rough wound, but they were intentionally left to be photographed, in order to accentuate the lines. When these have peeled off the cicatricial line is fine and inconspicuous.

REPORT OF A CASE OF SPONTANEOUS HEMORRHAGE IN A TWO WEEKS OLD BABY.

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The writer was recently called very hurriedly to take charge of a labor case, and on arriving, found the baby already in the land of the living, and the mother having a very severe hemorrhage, which was stopped without much difficulty on emptying the uterus. The mother gave a history of a previous postpartum hemorrhage, of about the same degree, and of a number of attacks of bleeding at the nose, which were controlled with difficulty. She was very anaemic in appearance, and told of her "terrible misery," while carrying this child.

The baby was a male, plump, well-developed, and gained one pound during its first week; the mother made a slow, uneventful recovery, in spite of the amount of blood lost.

On the tenth day, the stump of the umbilical cord came away, being perfectly dry and clean; on the evening of the fourteenth day, the band was stained, as though by one drop of blood; the next day the baby was bathed as usual and no blood was in evidence; about noon the mother had occasion to examine the child and found all of its underclothing saturated with blood and she promptly collapsed.

The writer reached the house in a

few moments and attempted to stop the hemorrhage with the ordinary methods, using ergot, adrenalin internally and externally; tannic acid and various iron preparations. Pressure was applied in every conceivable manner, and all with no success.

As a last resort, a small plug of cotton was saturated with a very thin solution of plaster of paris, tamped in securely, and held firmly in place with circular and oblique strips of adhesive plaster. Three days later this dressing was removed to avoid pressure necrosis, and a secondary hemorrhage, which would probably be uncontrollable; the umbilicus was found to be clean and there was no indication of further tendency to bleed. A pad of gauze was inserted and bound down with a small strip of adhesive; this was removed a few days later and since then no extra dressing has been used. Treatment to improve the blood of the child was instituted through the mother, and at this time a very good improvement in both has been noted.

Holt mentions the use of plaster of paris in these cases, but says it is rarely a success; also styptic collodion was used in large quantities, but the blood would well up through it.

MASTOID INFECTION OF THE LATERAL SINUS.

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Inasmuch as this condition carries hazard and demands prompt operative treatment, the question of diagnosis has much importance. Connecting with active middle ear disease, the usual symptoms are apt to be sufficient, but as sequelae of former or non-active disease, the earlier symptoms may not

show or establish connection. The late Dr. Waxham reported such a case of exceeding interest in the Denver Medical Times, August, 1909, and I embrace the opportunity to present another.

The patient, a woman of 35, had been received as a hospital ward patient some two weeks previous to my con-

nection, and had been referred from the medical side to the abdominal surgeon with diagnosis of abscess of the liver, in which two medical attendants concurred. This was not determined and the case came over to me as general surgeon.

The patient's face had earthy color, showing also some jaundice; her eyes were dull. The special symptom which had led to diagnosis of abscess of the liver was the remarkable oscillation of temperature; rising for some twenty-four hours even above 105 degrees, to fall within some six hours to normal. A slight discharge from the left ear present and experienced at times for a year, had been overlooked or attributed no especial importance; perhaps as no localized discomfort associated. Feeling that in some way this might have relation, I asked the opinion of the aurist then in service, and he associated another. With the first I shared the opinion, the case was mastoid disease originally, and attended with septic thrombus in the lateral sinus, and likely involving the internal jugular vein. The second considered it mastoid disease without necessarily the other involvements. In general consultation the ear symptoms were not sufficient to change the opinion of the physicians who diagnosed liver abscess, though conceding they might be responsible.

It was decided, with consent of the patient and her husband, to open the

mastoid, further procedure depending upon evident requirement; but at the time appointed the husband dissented. A day or two later active symptoms manifested in the neck, which enlarged rapidly from the left ear toward the sternum, demanding operative relief. Fluctuation was appreciable, and in aspirating for specimen I withdrew green, foul smelling pus. Vent was given through incision, cut upon the sternocleido-mastoid slightly behind its anterior margin, and the wound deepened carefully by dry dissection. In addition the attending aurist incised the drum, irrigated the ear and provided drainage.

Next day at change of dressings the discharge, which had been free was wholly liver-colored, stagnant and decomposed blood, probably from the internal jugular vein; perhaps owing to ulcer, perforation or instrumentation, more likely the former. Pus in the meantime had burrowed at the base of the neck and toward the shoulder. This was remedied by extending the wound downward and by maintaining pressure below.

Symptoms ameliorated and recovery was progressive, the patient leaving the hospital within three weeks. Meanwhile the discharge from the ear had lessened and apparently ceased. A year later I saw her upon the street, seemingly in good health.

A NEW INSTRUMENT TO AID IN BONE-PLATING.

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Since taking up the practice of bone-plating for fractures, as advocated strongly by Mr. Lane of London, we have been convinced of its usefulness, and each year our experience with it adds to our extension of its application. There are certain little points of tech-

nic, too, which experience enables us to apply with some satisfaction.

During the first years, the matter of holding the fragments while applying the plate was a source of much annoyance, especially in certain locations. My colleague, Dr. R. W. Corwin, Pu-

eblo, Colo., has devised a very serviceable and satisfactory fragment holder.

The technic of holding the screw so as to start it straight gave us much

driving bit and in perfect line with it. These springs are held against the screw-head by means of a rider-collar, which may be tripped from its holding-position by a touch of the finger or thumb, and the screw driven home and the head into its counter-seat by using



annoyance. About two years ago, I devised and now wish to present to the profession an instrument, which we find very satisfactory for holding and driving the screw. It consists of a handle and two driving blades to fit larger or smaller screws, either blade carrying a pair of steel spring clamps so adjusted as to clasp the head of the screw and retain it firmly against the



the instrument as an ordinary screw driver. The instrument may be taken apart for sterilizing.

THE VALUE OF OMENTUM.

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When omentum in a hernial sac seems to be redundant, excision is quite the general custom. Habit seems to

be the chief reason for this procedure. Radiograms taken after bismuth test meals have shown that in many cases

the transverse colon is in the lower abdomen or pelvis. In any such case the redundancy of the omentum is probably much more apparent than real.

The functions of the omentum are numerous, and are all beneficent to the body.

The baneful effects of leaving the omentum are very few.

Torsion of the omentum occurs rarely, and then usually in connection with a hernia—59 of 66 reported cases.

Cysts are rare. They usually occur in little girls.

Primary tumors are very rare. Only two cases have occurred in the last forty years at the Massachusetts General Hospital.

No case of primary carcinoma of the omentum has been reported. So the omentum stands at the other extreme from the appendix as a cause of trouble in the abdomen. A few illustrative cases are here appended, showing the protective properties of the omentum in common abdominal affections:

Case 1.—H. V. M. Male, age 42. Weight, 240. St. Luke's Hospital, 12-28-1911. Left complete indirect inguinal hernia. Large, thick sac completely filled with omentum. In this case the hernia had been irreducible for two years. It would have been extremely difficult for this epiplocele to have become an entero-epiplocele, as the neck of the sac was completely plugged by the omentum. Adhesions were present between the omentum and the sac, thus effectually sealing the hernial orifice.

Case 2.—Miss G. J.. Operation, St. Luke's Hospital, 11-21-1911. Inflamed left femoral hernia. The hernial orifice was small and was firmly sealed by omentum. About two inches of omentum was in the hernial sac. The adhesions were separated with some difficulty. Intestine could not have passed into the sac. The inflammation was probably the result of taxis.

Case 3.—Mrs. M. C. Operation, St. Luke's Hospital, 11-13-1911. This patient was operated upon for adhesions following an operation done a year previously for a ruptured ectopic gestation. The first operation was probably performed hurriedly, as the woman was in extremis. Many blood clots were undoubtedly left, as the whole pelvis and lower abdomen was one mass of adhesions. The omentum was firmly adherent to the old line of incision and was greatly thickened here and seemed much firmer than normal. A ventral hernia would have been practically impossible with the presence of this firm splint on the under side of the incision. The omentum was firmly attached to the stump of the left ovary and tube, which had been removed. It is better for the omentum to be adherent to a raw surface left after an operation, than for the intestine to become adherent to such raw surface. The likelihood of intestinal obstruction is thus lessened.

Case 4.—Mrs. C. M. Operation, 7-25-1911, St. Luke's Hospital. Patient was operated upon in another town for appendicitis, sixteen months previously. A median incision had been made. Patient recovered with a small sinus. She has been seen by two excellent surgeons within the last month and was in a hospital for two weeks for observation. The most prominent symptoms were hysterical. She was in an hysterical coma when I first examined her. On bimanual examination a small mass could be palpated in the lower abdomen above the uterus. The presence of a sinus led us to suspect a foreign body at the bottom of the sinus. On operation a piece of gauze was removed. This gauze had been picked up and surrounded by omentum so that it was doing as little harm as possible. The gauze was quite cut off from the general abdominal cavity, and a peritonitis could scarcely have arisen through the sinus, in spite of the fact

that the sinus had been very carelessly dressed by the patient.

Case 5.—Mrs. W. F. C., age 38; operation, St. Joseph's Hospital, 12-20-1911. Menstruation, Oct. 10th, normal. Nov. 13th, flowed three days, scanty and dark in color. Nov. 29th, put coal on fire, and had sudden, sharp, agonizing pain in lower left side, followed within ten minutes by collapse. Her physician diagnosed a ruptured ectopic pregnancy. The patient was in bed for two and a half weeks before she became strong enough to be sent to Denver. She entered the hospital Dec. 18th. On blood examination, the punctured wound in her finger bled for ten minutes. Horse serum was therefore administered on the 18th and again on the 19th. Calcium lactate was given by the mouth. Large quantities of liquids were given for forty-eight hours before operation.

On operation (there was no bleeding from the abdominal incision), a large blood clot was found free in the peritoneal cavity, extending more than half way up to the umbilicus. The caecum and appendix were caught in the clot. The clot was firmly surrounded by the omentum, which formed a very definite wall and probably was partly responsible for the cessation of active bleeding from the ruptured tube. The irritation of free blood in the abdominal cavity is certainly less than that of an inflammatory affection, yet in this case it was sufficient to attract the omentum, which formed life-saving adhesions.

Case 6.—Mrs. G. L. Operation, St. Joseph's Hospital, 12-16-1911. Gastroenterostomy for duodenal ulcer. The hyperplastic omentum was markedly adherent to the duodenum. A perforative peritonitis would have been a remote possibility here.

Case 7.—Mr. A. C. S. St. Luke's Hospital. First operation, 6-6-1911. Second operation, 7-31-1911. In the first operation an appendicular abscess

was drained under quinine and urea hydrochlorid local anesthesia. At the second operation the appendix was removed. A well cicatrized perforation was found near the tip of the appendix, which was sealed by adherent omentum. The omentum was thickened in this location, so that the hole was closed by a strong, thick membrane. The cicatrization at the edges of the perforation showed that it was not an artefact.

Case 8.—Mrs. C. A. F. St. Luke's Hospital, 11-20-1911. Unruptured eight weeks extra-uterine gestation. The tube was greatly distended and the omentum was adherent to the tube, surrounding it like a cape. The shifting omentum was here properly stationed before the tube ruptured. This is a very beautiful illustration of how slight an irritation is required to cause an adhesive inflammation of the omentum. In case 5 the blood was in the free abdominal cavity. In this ectopic, rupture had not yet occurred, yet light, therefore recent, adhesions of the omentum existed.

Case 9.—Mrs. D. T. D. St. Joseph's Hospital, 12-4-1911. Pus tubes following labor, not gonococcic. The omentum had in this case walled off the pelvis from the general abdominal cavity, keeping the infection in the most resisting portion of the abdomen.

Case 10.—R. N. St. Luke's Hospital, 12-5-1911. Patient had an acute attack of appendicitis in another town two weeks previous to operation. He was up in a few days, but had pain in the side and an evening fever. On examination a mass larger than a man's fist was found in the abdomen midway between the umbilicus and pubes and slightly to the right of the mid-line.

On operation this mass was found to be omentum, that had completely surrounded a suppurative appendix. The omentum was greatly thickened and dark in color. It was adherent

to the anterior abdominal wall. The omentum was adherent to the surrounding intestines, but no adhesions between adjacent loops of gut were seen.

Case 11.—Miss B. P. St. Joseph's Hospital, 12-14-1911. Gonococcic pus tubes. The pelvis in this case was just one mass of adhesions. The omentum, however, had covered just as much surface as possible and had been instrumental in limiting the infection.

Case 12.—J. A. H. St. Luke's Hospital, 2-10-1911. Strangulated hernia operation. In operation removed a large piece of omentum dark in color. Recovery uneventful. 5-11-1911. Same patient was admitted to the hospital for appendicitis. The symptoms were all very acute and the prostration was extreme. It had every appearance of being a bad fulminating attack. On operation a free moderately inflamed appendix was found. The only explanation apparent for the severity of the symptoms in such a catarrhal appendicitis was the absence of most of the omentum.

Experimentation has shown that animals deprived of their omentum are much less able to resist an abdominal infection than normal animals. A large part of the lymph thrown out in the abdominal cavity in any acute infection comes from the lymph vessels in the omentum.

Absorption of lymph also is very greatly facilitated by the very vascular omentum. One of the most surprising examples of absorption observed was in a butcher with cancer of the gall-bladder. This man was operated upon three years ago by Dr. T. H. Hawkins for Dr. S. W. Miller and Dr. J. G. Wintermeyer. The writer assisted in the operation. The abdomen was full of ascitic fluid. Nothing was done but a thorough examination, which was accomplished with considerable handling of the omentum and intestines. The case was considered inoperable and the incision closed. Several gallons of fluid

were drained from the abdomen during the operation. Recovery was uneventful. In four months the man had gained forty pounds and then went to work. He is still at work and still well. The fluid has not re-accumulated. What the operation accomplished was probably to establish adhesions between the omentum and the anterior abdominal wall, which relieved the portal circulation sufficiently to prevent ascites—similar to a Morison-Talma epiploexy. Adhesions forming between the omentum and the great red fungating mass of the gall-bladder probably diverted the blood supply of the mass, so that its rapidity of growth has been greatly lessened.

That blood is frequently stored in the omentum, can be seen in quite any long abdominal operation. On opening the abdomen the omentum will appear normal. At the end of the operation, when pulling the omentum down over the intestines, it is seen to be congested and the vessels dilated with blood.

Probably one reason for the increased severity of peritonitis in the upper abdomen is accounted for by the difficulty with which the omentum can lend "first aid to the injured." I am sure that in the past I have many times removed omentum that could have been saved. In many of these cases more was removed than was necessary. In some, operative recovery would not have been endangered by returning slightly engorged or damaged omentum, and the patient's resisting power against a subsequent abdominal infection would thus not have been lowered.

References: American Practice of Surgery, Bryant and Buck, Vol. VII, Page 748. Gordon K. Dickenson, *Annals of Surgery*, November, 1906. Richardson, *Journal American Medical Association*, May 11, 1907. Keen's *Surgery*, Vol. IV, Page 631. Roger, *Introduction to the Study of Medicine*, 1901.

THE SELECTION OF SURGICAL NEEDLES.

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That the success of an operation, either immediate or ultimate, depends to a considerable extent upon the proper selection of the needles to be used, seems at first thought rather improbable. But since time consumed in the operation is of importance to the welfare of the patient, and the healing is dependent upon the proper apposition of the severed parts and the minimum of trauma induced, it stands to reason that the selection of the proper needles will go far toward accomplishing these very necessary ends.

The general dissatisfaction so long felt with the various forms of needle-holders should not be directed so much against the holder, as the needle itself, for as a rule, it is the needle at fault and not the holder, and the needle which does not work easily and effectively should be quickly discarded.

Some discussion has prevailed in time past as to the relative advantages of the curved and straight needle,—the lance point and the Hagadorn. All, however, are of particular value in their place. Everything considered, probably the curved needle will be more generally serviceable than the straight; in fact, nowhere in the entire realm of operative surgery is the curved needle displaced by the straight, unless it be in securing rapid approximation of the peritoneal surfaces in visceral surgery or in arterial anastomosis. After the peritoneal approximation has been made, the curved needle is more effective in securing the through and through suture approximation, as in Fig. 1. In the author's end-to-end intestinal anastomosis, the curved needle is used altogether. (Fig. 2).

An interesting fact worth knowing is, that the Hagadorn needle causes less pain than the lance point, and while

this particular style of needle requires a special needle-holder to use it successfully, yet for all emergency work where anaesthesia has not been first induced, it is decidedly more comfortable to use than the lance point. The two sizes indicated in Fig. 3, are the most practical for such work.

Where the straight needle is used, care should be taken to select those with a **tapering but sharp point**, and of **small calibre**. This type of needle (Fig. 4B), will pick up the peritoneal coat with little or no tearing, while the common cambric needle sometimes used (Fig. 4A), will lacerate the peritoneum and the sutures fail to hold.

A straight cutting needle with a curved lance point (Fig. 5), proves an excellent means of introducing the justly popular subcutaneous suture, since it can be easily used with the fingers. The same may be said of a large curved cutting needle (Fig. 7), for introducing retaining sutures, as this is also easily manipulated with the fingers. This last needle should also have a wide flat shank in the distal third, in order that the average needle-holder may hold it firmly in place while forcing it through the tissues, in the event the holder be preferred.

The flat shank is now being introduced in almost all of the later curved needles (Fig. 6) either cutting or round, since the needles are more easily held by the needle-holder; and this type should be selected wherever possible. The little lance-pointed, short, curved heavy needle of Murphy's (Fig. 8), for cervical repair, is a type of this modern needle with a special object in view of use in hard resisting tissue that must be sutured in a limited space.

There is perhaps no locality where careful, painstaking work is so neces-

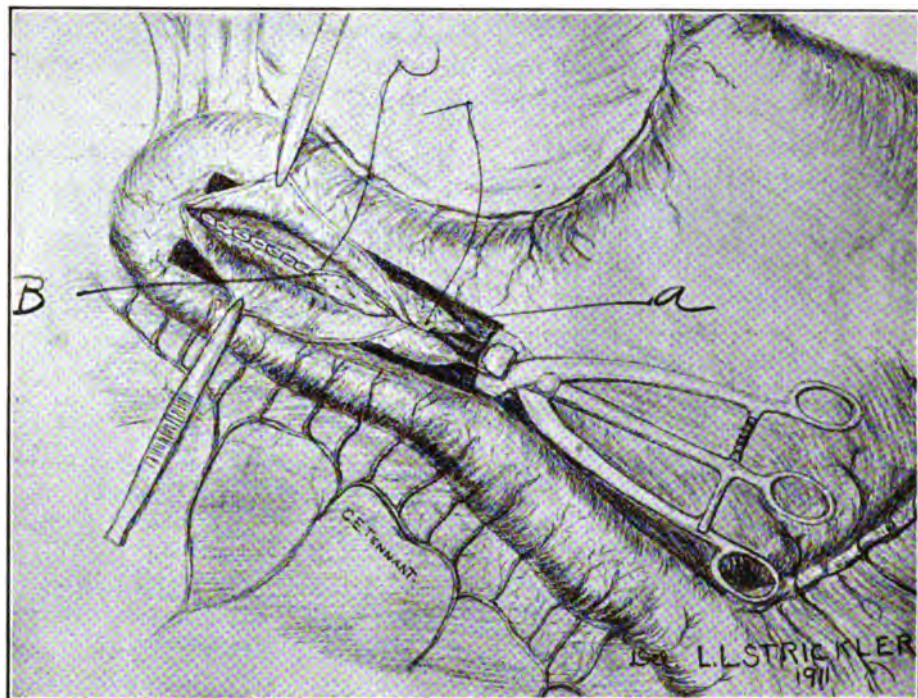


Fig 1.—(a) Straight Needle for Peritoneal Approximation; (b) Curved Round Needle for Through-and-Through Suture.

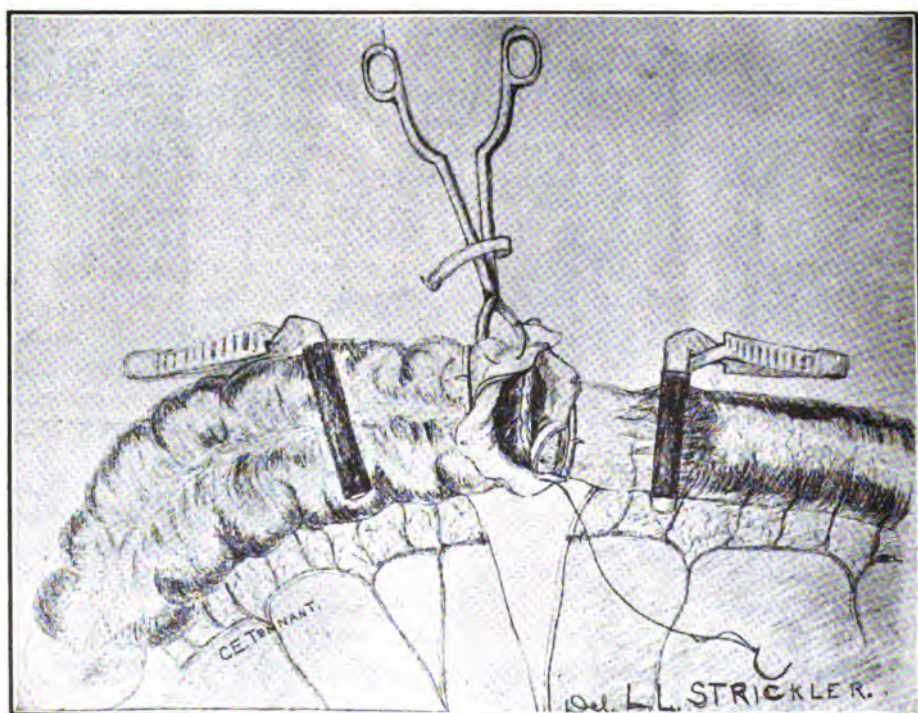


Fig 2.—Curved Needle in Author's End-to-End Intestinal Anastomosis.

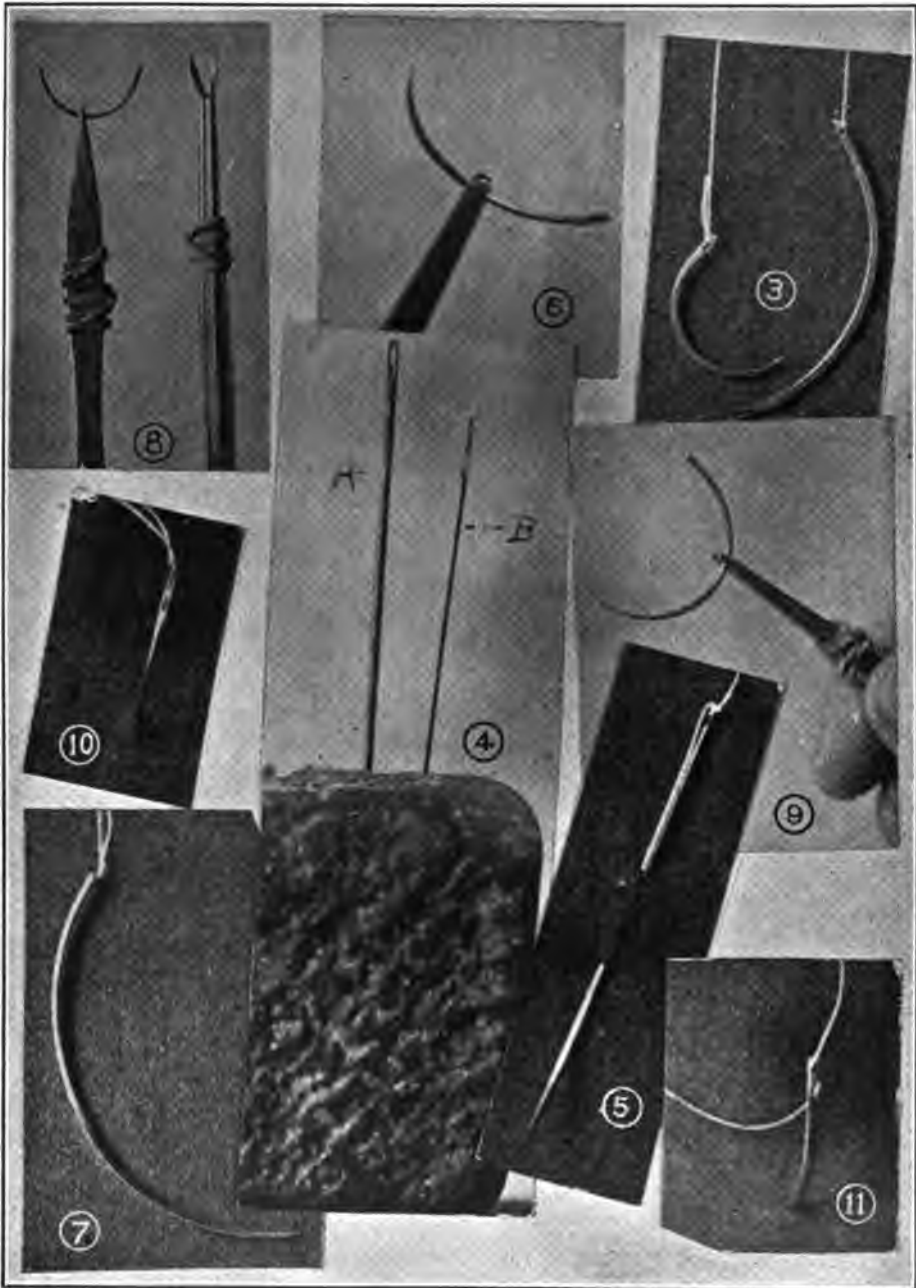


Fig. 3. Two Practical Sizes of Hagadorn Needles.

Fig. 4. A: Clumsy, Thick, Blunt-Pointed Cambric Needle.

B: Small Calibered, Tapered, Sharp-Pointed, Straight Needle, with Self-Locking Eye.

Fig. 5. Straight Cutting Needle with Curved Lance Point.

Fig. 6. Large Curved Cutting Needle with Wide Flat Shank.

Fig. 7. A Practical, Wide Shank, Curved, Lance-Pointed Needle.

Fig. 8. Murphy's Cervical Needle.

Fig. 9. Small, Curved Cutting Needle, for Horsehair About the Face.

Fig. 10. Small Caliber, Round, Self-Locking Eye. A Good Needle for Pelvic and Intestinal Work.

Fig. 11. A Practical, Wide-Shank, Round, Tapered Point, Curved Needle, with Self-Locking Eye.

sary as wounds about the face. With the properly selected needle and horse-hair for perfect approximation of the skin edges, there is little need for unsightly scars. A small, curved, tapered, lance-pointed needle having a wide shank for fitting the holder (Fig. 9), accomplishes this work most admirably.

Nothing is more annoying to an operator desiring to do good plastic work, especially about the fallopian tubes, than to find himself obliged to use a heavy curved needle with a great big eye. The needle is clumsy, damages or distorts the tissues, spoils one's temper, and defeats good functional results. Added to this comes the repeated slipping of the suture through the big eye of the needle. Fortunately, there are now to be secured, slender, round needles with sharp tapering points, having wedge-shaped eyes in which the suture becomes definitely engaged and is held fixed. (Fig. 10). With two exceptions, these needles are ideal for both intestinal and pelvic work; one exception is, the occasional fraying or

cutting of the suture at the eye, but as this does not often occur when care is used, it does not prove to be a serious objection; the other one is, that the end of the needle beyond the wedged upper extremity of the eye comes almost to a point, and it is very difficult to use it without puncturing the rubber glove or pricking the finger. This objection is met by the use of the ordinary nickel or silver thimble.

Another form of self-locking eye has recently been introduced, and does prevent the suture slipping without increasing appreciably the diameter of the needle at the head (Fig. 11). This is especially true if the suture is first introduced from behind, then passed along the groove on the right side of the needle, and passed again from behind through the second eye. The comfort in using these self-locking eyes, is very great, to say nothing of the more accurate work possible, especially if needles with a wide flat shank are selected, which fit snugly in the jaws of a simple needle-holder.

612 Empire Building.

THE NEW FASHION OF THE SURGEON—FROM THE FAMILY PHYSICIAN'S STANDPOINT.

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Among our great surgeons, the elimination of convalescence from surgical cases seems quite the fashion of the day. To see how soon they can get their patients out of bed and send them home, seems to be quite the fad. Why they are doing this, we cannot tell, but we do know that they often leave our patients in serious conditions, and so the burden falls upon us. Some of our great surgeons, for instance, are getting their patients out of bed within three days after an abdominal operation, and sending them home within nine or ten days. This may add to

the fame of the surgeon, but what of us and our patients? The surgeon has in many cases been able to remove the cause of suffering, but the patient has not been kept in bed long enough to recover from the shock or the effects of the operation, and yet the patients are assured by the surgeon that they are well, and so they enter upon their duties, social or domestic, and especially if it be the latter, with vim and energy. With the above assurance from the surgeon, and the stimulation of the excitement, the patient may get along for a while until this wears off,

and she begins to get tired; she feels nervous, gets irritable, goes to bed exhausted, gets the blues, becomes melancholy, and wonders why she does not feel well. She has had the operation, and been assured by the surgeon that she was cured, but she finds she cannot stand as much as before the operation, and oh, what is the use of sending for the doctor all the time? I have tried them so long and have been so little benefited. The patient now wants to try something else—patent medicines, faith cure, or Christian Science—a very sad picture indeed, and we see many more of these cases now than we used to.

Now, what some of these patients need, and what is more essential to their getting well than the surgeon's knife, is rest and food, and if we could so convince them and be able to control them, we could no doubt in a number of cases, exclude the necessity of an operation. Should the operation, however, be imperative, or a necessary adjunct, I do contend and feel that my associates will agree with me, that convalescence is often of greater importance than the operation itself. Especially in this great age of nerve strain and tension, I do not believe that the surgeon's responsibility ends with the completion of the operation, but moreover, that the surgeon should work with the physician through the convalescence until the patient is well on the road to health. As our great teacher, Dr. H. A. Kelly, so wisely says: "You, as it were, knock them down by the operation, and while you are now master of the situation, hold them down until you have given them a convalescence of rest and food, massage, etc., and you have done them good." On the contrary, the situation very often is, the surgeon has gotten the fee, the physician has the burden to bear, and often without appreciation or remuneration, and the

patient is but little benefited and may become a Christian Scientist, and so gets her rest and is restored to health. I have in mind the case of a woman, a neurasthenic, who had been suffering with chronic stomach and intestinal trouble. Taking her to an eminent physician, who thought it was chronic catarrhal appendicitis, he turned her over to an eminent surgeon, who operated upon her at one of the best hospitals, and removed a catarrhal inflamed appendix, which had, no doubt, been causing some of the trouble. In a few days the patient asked the assistant when she might go home. "Why, in twelve days we get our patients up, and let them go home a day or so after getting up." I told the doctor I was very much surprised at this statement, that I considered the convalescence in this case of vast importance, in fact as much as the operation, but the cage was opened and the bird flew. She returned home and assumed her household duties with vim and energy, and the result was a more nervous condition and a harder patient to manage than before. After much patience and perseverance, however, fairly good results followed. But had the patient, while under the surgeon's care, been given the convalescence which was so justly due her, how much better off she would have been, and how much more healthful the final results, and in the end our profession more appreciated.

What we want, is not statistics of how many operations are done, how soon patients are gotten out of bed and sent home, but the number of patients we have sent away restored to health.

I wish to cite another case of a woman at menopause, who had menorrhagia. She was sent to a specialist, was curetted, and sent home. She improved slowly, and was on the whole more comfortable, but not well.

Whether it was the fault of the specialist in not impressing upon the family physician the importance of keeping up a certain treatment, or some negligence on the physician's part, I do not know; when I saw the patient eight years afterwards, she was a profound neurasthenic, had a vaginal discharge, was found to have a chronic senile vaginitis, and a raw, tender, contracted and inflamed vagina. I took her to a specialist, who thought this was probably responsible for her nervous condition, and performed a hysterectomy. On leaving the hospital, I asked him

about her nervous condition, and would he not give her full instructions regarding the treatment she should follow up to restore her health. "Oh," he said, "that will come all right, all she needs is rest," got his fee of a few hundred and I got the patient. I never heard from the surgeon again, and the patient died of melancholia. Now would it not have been better if I had treated her locally, and saved her from the shock of the operation? She would probably have been as well, or even better off, and I surely would have been better off financially.

POTT'S FRACTURE.

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It may be said of many fractures than an exact diagnosis is not absolutely necessary, and that the method of treatment is largely a matter of indifference—the ends of the fractured bone lie more or less in apposition, and if we fix the limb by some favorite form of splint, nature will give us a good result. With a Pott's fracture this is distinctly not the case. If we put the foot up in the position in which we find it, we shall almost invariably get a bad result. In spite of all that has been written on this subject, the principles of treatment do not seem to be generally understood, or, if understood, are not followed out with sufficient energy.

The following observations are based on cases seen in private practice and at the dispensary, and may be of assistance to some whose work does not bring them into frequent contact with this injury. If the treatment laid down be followed in every case, the great majority of patients will recover with a good foot, and it should be borne in mind that a bad result will seriously

damage the patient's earning capacity all the rest of his life.

In order to avoid misunderstanding it is well to note that we take Pott's fracture to mean a fracture of the lower end of the fibula, with a tearing of the internal lateral ligament of the ankle or, if the ligament holds, with a fracture of the internal malleolus.

The cause of the fracture is abduction or eversion of the foot. In one of our cases the foot was fixed, and the force was applied on the outside of the leg, but this is practically the same mechanism. A fall from a height on the foot fractures the tarsus, a twist inward usually sprains the ankle.

There is an old idea, widely disseminated among the laity, that a sprained ankle is often worse than a fracture. This is of course not so. Probably the idea owes its origin to the fact that fractures of the tibia, fibula, calcaneum and talus were mistaken for sprains, and were treated as such. Many patients give a history

of an old sprain, whose legs or feet show signs of callus formation.

The diagnosis between Pott's fracture and sprain, without the aid of an X-ray machine, is often a difficult matter. It is a good rule to regard every case as one of fracture until a fracture can be positively excluded. Another good rule is to remove the shoes and stockings from both feet before beginning the examination.

In a sprain the greatest tenderness is at the tip of the external malleolus or just below it over the external lateral ligament of the ankle; in a fracture it is anywhere from a half inch to two inches above the lower end of the fibula. We ask the patient to point with one finger to the most sensitive spot, and we find this spot also by pressure with our own finger. We then press the tibia and fibula together well up the leg. This maneuver, in a fracture will cause pain at the seat of injury, but no pain in a sprain. It is sometimes possible to detect irregularity of the fibula in a Pott's fracture, but rarely crepitus. In a typical Pott's fracture widening of the mortise at the ankle will be present, but the swelling about the joint, in a recent case, will often mask this symptom.

In looking for false mobility we shall usually be more successful if we use great gentleness. As a rule it is not necessary to cause much pain. One hand grasps the foot and moves it about in various directions, while the fingers or thumb of the other hand rest on the external malleolus. Then, with the leg resting on our knee, we put our thumbs on the malleolus, and press first with one and then with the other, trying for a tilting of the lower fragment of a supposed fracture. It is well, in performing this manipulation, to have a fold of the skin between the thumbs, that the motion of the tightly drawn skin may not feign motion of a bone fragment.

In Pott's fracture pain and swell-

ing will be present about the internal malleolus, and perhaps a false point of motion at the lower end of the tibia. In sprain these symptoms will be absent.

For the treatment the best form of splint is plaster-of-Paris, reaching from a point just below the head of the fibula to the ends of the toes. An anaesthetic is rarely necessary.

First pad the foot well with cotton batting, especially about the toes and the ankles; run a strip of padding also up the shin, then apply a gauze bandage. Let us say that we are dealing with a fracture of the left leg. The patient grasps the ends of a muslin bandage, whose loop passes under the foot at the level of the heads of the metatarsals. He is then instructed to pull hard, and from time to time, while the dressing is being applied, he is encouraged to keep on pulling and to pull hard, so that the sole of the foot is pulled up to a right angle with the leg or even beyond a right angle, if possible. Then he is told to pull still harder with his right hand, so that the sole of the foot will be turned inward. We then apply the plaster bandages smoothly, re-enforcing the splint by passing the bandage repeatedly up and down posteriorly, from the top to the tips of the toes, so as to avoid having a mass of useless plaster in the bend of the ankle. Besides this we re-enforce the sole again. Over the front of the leg and over the dorsum of the foot the plaster should be thin. The bandages are applied quickly. While they are setting we take the foot in our left hand and add our strength to that of the patient to push it into extreme dorsal flexion, at the same time grasping his heel with our right hand and strongly adducting it. When the plaster has set, we trim it so that the ends of the toes can be seen. If the fracture is a fresh one we then immediately slit the dressing from top to bottom, and with our band-

age scissors divide every turn of the gauze bandage under it. This should never be neglected, even if we think that the patient will be under close observation. The slit-up plaster may then be encircled with a few turns of a gauze bandage. The circulation must be carefully watched. It is well to instruct the patient, if his toes turn blue or become cold, to return immediately. With a fracture that is four or five days old we do not slit up the plaster,

but we give the same rigid instructions to the patient.

If the plaster has been well applied it should last for four or five weeks; towards the end of this time the patient uses his foot to walk, covering the plaster with an overshoe. When we remove the splint we strap the ankle as for flat foot.

The question often occurs to one who puts up a Pott's fracture for the first time, how far the foot should be twisted in. It should be twisted in as far as possible.

WHY USE THE X-RAY?

GEO. H. STOVER, M.D.,

Denver, Colo.

Because it gives information of absolute value in determining the nature of conditions present, leading to more correct treatment and prognosis, and which cannot be obtained in any other way.

Because its use is safer for the patient and gives better and more complete information than certain other formerly used measures which were attended with serious risk. It would be malpractice now to subject a patient to the danger of an anaesthetic or forcible manipulation in order to diagnose a fracture, if the X-ray were available. There are numerous exploratory operations, the performance of which would be malpractice in these days of the X-ray.

Because its use is a protection to the physician in case of misunderstanding by patients or where there is complaint of an unsatisfactory result.

Because its use is evidence that the physician has exercised due care and skill in his work. "A number of our courts, in well considered decisions, have determined the proper test to be that there shall be required of the physician and surgeon that amount of knowledge, skill, and experience, and

the exercise of that degree of care and skill which physicians practicing in similar localities ordinarily possess and exercise." (Whitesall vs. Hill, 101 Ia., 629; 37 L. R. A., 830; 70 N. W. Rep., 750).

Because its use is a generally recognized method of diagnosis in regular use.

Because there is no town of moderate size even, where the X-ray is not available for ordinary cases, and in all the larger cities there are experts whose services can be obtained for work of a complicated nature.

Because the cost of X-ray examination is not prohibitive; considering the fixed expense of the process, and the time and skill required, it is very moderate. Even the destitute, without friends to help them, need not go without it.

Because it is better to insist upon X-ray examination when about to begin treatment, than to be accused of negligence or malpractice later.

SOME ESSENTIALS.

In the first place, an X-ray examination does not consist in pressing a but-

ton and developing a plate which comes out of the fixing bath with a diagnosis labeled upon it.

There must be the right kind of apparatus and accessories, correct technique, and an operator who is medically and surgically educated, and who knows X-ray anatomy and X-ray pathological appearances, in order that plates correctly made may be correctly translated.

A thirty-second exposure of the lungs will not do.

A five-second exposure of the stomach will not do.

A kidney skiagram which does not clearly outline the psoas muscle will not do.

An anomalous bone must not be diagnosed as a fracture.

A foreign body should not be diagnosed as being in the eye-ball when it is not there.

The physician who will consult with a non-medical radiographer and act upon the opinion of such, is not only paying a very poor compliment to his own professional skill, but he is not providing his patient with the best possible attention, and he will sooner or later come to grief.

Questions Answered by an X-Ray Examination.

Foreign Body: Is such present? What is it? Where is it? Has it damaged bone or other tissue? Should it be removed?

Bone Trauma: Is there a fracture? Is it simple or comminuted? Transverse or oblique or spiral? Are the fragments in apposition? Should they and can they be placed in better position? Is there a separation, indicating interposed muscle, fascia or bone fragment prejudicial to union? Is union taking place? Are bone plates or wires doing their duty? Should they be removed? Later, is the result good? Has the patient the disability he claims when he complains of a bad result?

Bone Development: Are the bones developing properly according to the age of the patient? Is there a defect in their nutrition? Is there retarded or atypical epiphyseal union, indicative of acromegaly, pituitary tumor, congenital syphilis, rhachitis? Are deformities due to old unrecognized traumata, or to bone disease, or to congenital malformations, or to atrophy from extra-osseous conditions?

Bone and Joint Disease: Is such present and what is it? Is there osteitis, periosteitis, osteoperiostitis, osteomyelitis; and if one of these, is the condition tubercular, syphilitic, or due to some other organism? The skiagram does not show the micro-organisms, but it does show characteristic appearances which are of differential diagnostic value. Is a disease which is suspected to be acute miliary tuberculosis or typhoid fever, really one of acute osteomyelitis? Is there present an abscess, a sequestrum, a cyst, a sarcoma, a carcinoma or a hypernephroma? Is there a simple arthritis of traumatic origin, or is there an infection? Is an arthritis tubercular or gonorrhoeal? Is there a Charcot's joint or is it a simple luxation? Is there a chronic osteo-arthritis? Is it atrophic or hypertrophic? Is an operation needed? How extensive shall it be? What is the result of treatment or operation? Is repair going on? Is there recurrence?

Arteries: Is there atheroma? Is there aneurism?

Veins: Is there phlebitis, syphilitic or otherwise?

Muscles: Is there myositis ossificans? Is a tumor apparently in a muscle, really an underlying osteosarcoma?

Regional Roentgen Pathology.

The Head: Form and size of accessory sinuses? Disease present? Is there mastoid disease? Of what type are the mastoid cells? Where does the lateral sinus lie? How large is it and how thick are its walls? Is there disease about the roots of the teeth?

Are there unerupted teeth? Are they impacted or misplaced? Are the germs of certain permanent teeth absent? Are there shadows indicating brain-tumor or abscess? Exostoses of the cranial wall producing pressure or irritation?

Neck: Tumor or abscess about larynx? Disease of lingual tonsil or isthmus of thyroid? Tumor or stricture of esophagus?

Thorax: Size and position of heart? Dilatation or hypertrophy? Pericardial effusion? Aneurism? Mediastinal tumor? Chronic pleural thickening? Empyema, and is it free or encapsulated? Extent and location of old sinuses?

X-ray will show pulmonary disease before physical signs are obtainable.

Is there beginning tuberculosis (usually in bronchial glands)? Is there

miliary tuberculosis? Fibroid phthisis? Cavity? Abscess? Tumor? Unresolved pneumonia? Focal pneumonitis? Is a tuberculosis healing?

Gastro-Intestinal Tract: Is there gastro-ptosis or entero-ptosis? Size and shape of stomach? Motility? Deformity? Dilatation? Atony? Ulcer? Cancer? Operable or inoperable? Kinks or loops in the intestine, giving rise to obstruction of fecal accumulation?

Gall-Stone: Sometimes shown, sometimes not shown.

Bladder: Is there calcification of its walls? Is calculus present?

Ureter: Is there a kink, or a stricture, or a calculus?

Kidney: Is it ptosed? Is there a cyst? Is there hydronephrosis? Is it enlarged? Is there a calculus?

A number of the points mentioned in this paper are illustrated in the four following pages.



FIG.21 ATHEROMA OF
RADIAL AND ULNAR ARTERIES



FIG.8 OS TRIGONUM ANOMALOUS BONE OF TARSUS



FIG.12 SYPHILITIC
PERIOSTITIS OF
METACARPAL



FIG.4 FRACTURE OF FIBULA WITH
FRACTURE OF FIBULAR FACE
OF LOWER END OF TIBIA



FIG.11 ARRESTED DEVELOP-
MENT OF RADIUS FOLLOWING
INJURY OF EPIPHYSIS.

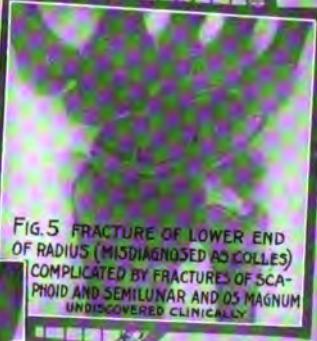


FIG.5 FRACTURE OF LOWER END
OF RADIUS (MISDIAGNOSED AS COLLES)
COMPLICATED BY FRACTURES OF SCA-
PHOID AND SEMILUNAR AND OS MAGNUM
UNDISCOVERED CLINICALLY



FIG.9 OS TRIANGULARE
ANOMALOUS BONE OF CARPUS

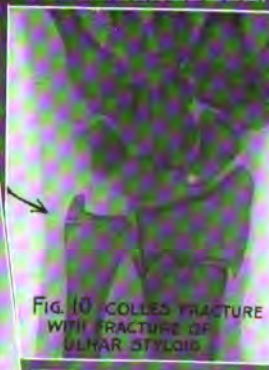
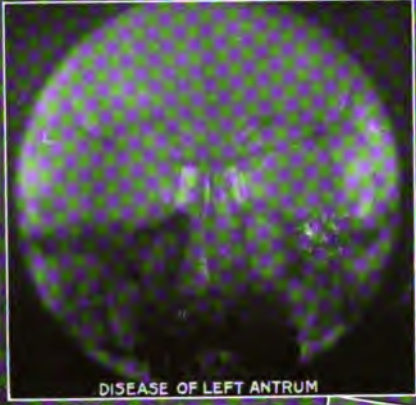


FIG.10 COLLES FRACTURE
WITH FRACTURE OF
ULNAR STYLOID



FIG.6 DIVIDED SCAPHOID



DISEASE OF LEFT ANTRUM

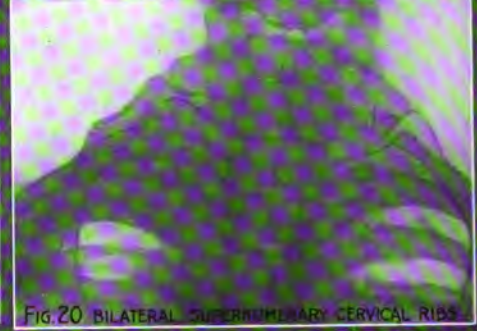


Fig.20 BILATERAL SUPERNUMERARY CERVICAL RIBS



Fig.17 POST TRAUMATIC
OSTEITIS OF TROCHANTER
(GUNSHOT)



Fig.00 BISMUTH IN SINUS
OF ELBOW, LEADING TO
FRAGMENT OF DEAD BONE

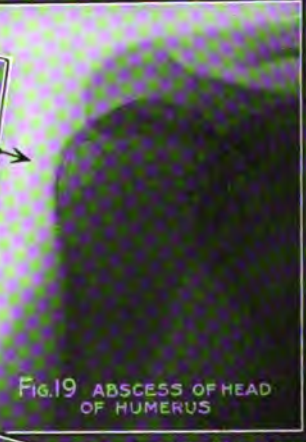


Fig.19 ABSCESS OF HEAD
OF HUMERUS

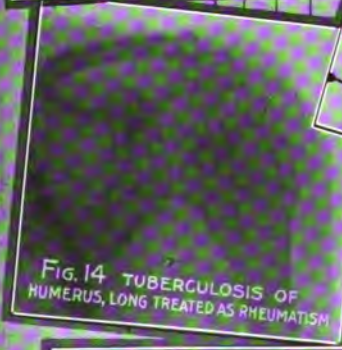


Fig.14 TUBERCULOSIS OF
HUMERUS, LONG TREATED AS RHEUMATISM



Fig.7 OS TIBIALE,
EXTERNUM ANOMALOUS
BONE OF TARSUS



Fig.13 GUMMA OF ULNA



Fig.1 COMMINUTED FRACTURE DISLOCA-
TION OF HUMERAL HEAD, PART OF HEAD
IN SUB-GLEROID DISLOCATION



FIG. 27 CALCIFIED MASS IN PITUITARY BODY



HOUR GLASS - STOMACH



FIG. 26 NORMAL MASTOID OPENING TYPE - SHOWING SIZE AND CONTOUR OF LATERAL SINUS AND THICKNESS OF WALLS



FIG. 25 DISTORTION OF SELLA TURCICA UNDOUBTEDLY DUE TO TUMOR OF PITUITARY BODY



FIG. 24 SHOWING SIZE OF SPHENOIDAL SINUS AND THICKNESS OF ITS WALLS



FIG. 29 RETRO-LARYNGEAL ABSCESS



FIG. 22 FOREARM SHOWING SYPHILITIC PHLEBITIS AND PHLEBOLITHS. PRINTED VERY DARK IN ORDER TO BRING OUT VEINS



FIG. 3 STRUCTURE OF NECK OF UTERUS



FIG. 33 GASTROPTOSIS, ROUND SHADOW ABOVE THAT OF STOMACH INDICATES POSITION OF UMBILICUS

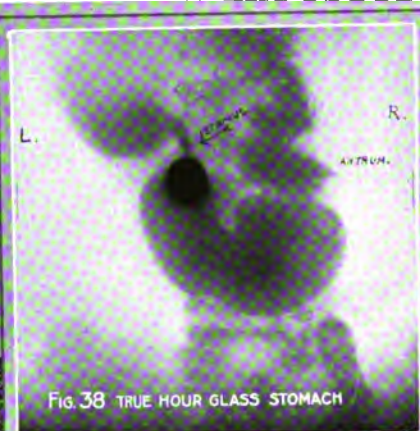


FIG. 38 TRUE HOUR GLASS STOMACH

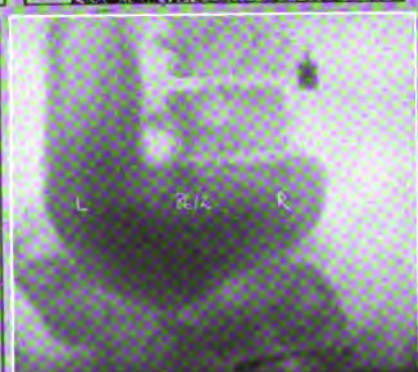


FIG. 37 SUCCESSFUL GASTRO ENTEROSTOMY PYLORUS CLOSED AND FOOD PASSING INTO INTESTINAL LOOP

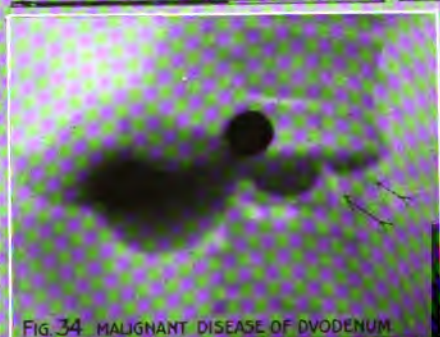


FIG. 34 MALIGNANT DISEASE OF DUODENUM

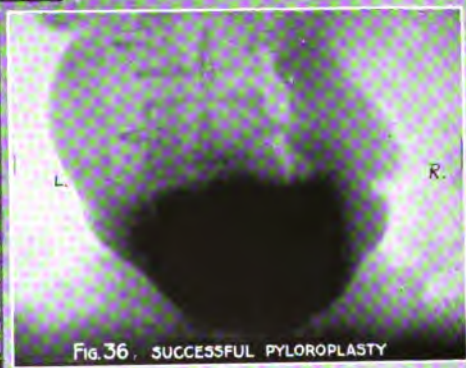


FIG. 36 SUCCESSFUL PYLOROPLASTY



FIG. 11 KIDNEY PELVIS & URETER INJECTED WITH COLLARGOL PTOSIS OF KIDNEY

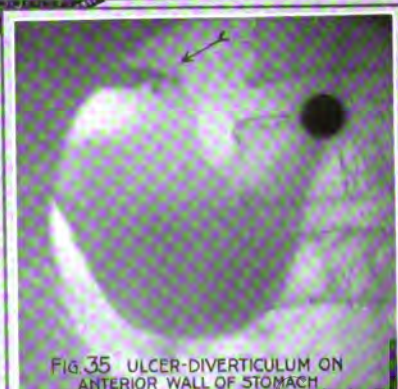


FIG. 35 ULCER-DIVERTICULUM ON ANTERIOR WALL OF STOMACH

Bacterins

Bacterins (bacterial vaccines) are killed bacteria suspended in physiological salt solution. They stimulate the production of protective substances (antibodies) and are used to prevent or overcome bacterial infections.

Each bacterin is indicated for the infection caused by its corresponding bacterium; for instance, a staphylococcal bacterin is used for staphylococcal infection. Accurate diagnosis is therefore necessary.

For the general practitioner the use of stock bacterins is advisable because valuable time is thereby saved.

It is well recognized that mixed infections are usually present in infectious diseases. "Mixed" and "polyvalent" (many different strains) bacterins are therefore becoming deservedly popular. As regards their use, Polak states:

"The mixed vaccines of reliable laboratories have given better results than when a single variety was used. This has been shown repeatedly in the blood picture when an autogenous vaccine of a single strain used in large doses up to 500,000,000 has failed to increase the leucocyte-count or diminish the polynuclear percentage, the mixed vaccines of several strains have promptly produced a marked leucocytosis. Even colon bacillus infections, such as the infection of a pelvic hematocoele by the colon bacillus, have yielded more promptly to mixed vaccines of polyvalent strains than when a single autogenous germ has been used." (Journal American Medical Association, November 25, 1911, p. 1738.)

The prophylactic value of bacterins is proved beyond question in typhoid fever, and preventive medicine suggests immunization against streptococci, colon, staphylococci, pneumococci and tubercular infections by the use of their corresponding bacterins.

The results following the general use in the U. S. Army of typhoid bacterin in protective vaccination against typhoid fever are little short of marvelous. "During the past three years 60,000 men completed the three inoculations; but twelve cases of typhoid fever developed during this time and no death occurred." (Phalen and Callison, Medical Record, December 9, 1911, p. 1203.)

We prepare the following:

Acne-Bacterin (Acne Vaccine)
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Coli-Bacterin (B. Coli Vaccine)
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Friedlaender-Bacterin (Friedlaender Vaccine)
Neisser-Bacterin (Gonococcal Vaccine)
Neisser-Bacterin Mixed (Gonococcal Vaccine Mixed)
Neoformans-Bacterin (Neoformans Vaccine)
Pneumo-Bacterin (Pneumococcal Vaccine)
Pneumo-Bacterin Mixed (Pneumococcal Vaccine Mixed)

Pulmonary Bacterin Mixed
Pyocyano-Bacterin (Pyocaneus Vaccine)
Scarlatina-Bacterin (Scarlet Fever Vaccine)
Staphylo-Bacterin (Staphylococcal Vaccine)
Staphylo-Bacterin Mixed (Mixed Staphylococcal Vaccine)
Staphylo-Acne-Bacterin (Staphylo-Acne Vaccine)
Staphylo-Albus-Bacterin (Staphylo-Albus Vaccine)
Staphylo-Aureus-Bacterin (Staphylo-Aureus Vaccine)
Strepto-Bacterin (Streptococcal Vaccine)
Typho-Bacterin (Typhoid Vaccine)

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THE ESSENTIALS OF A GOOD SURGEON.

Honesty. "An honest man's the noblest work of God." We are convinced that the great majority of surgeons are honest men, albeit the temptation to dishonesty would seem to be greater than for the family physician. Honesty is the antithesis of graft, and for the surgeon it means to do intentionally no needless or useless operations, and in the matter of professional charges to put himself mentally in the patient's place.

Courage. A person easily "rattled" can hardly expect to become a first rate surgeon. A patient on the operating table may bleed to death in a minute. Not only coolness in emergencies is requisite, but to attain the heights one must have a high degree of moral bravery, such for instance as that possessed by Ephraim McDowell when he did the first laparotomy, with a background of

lurking backwoodsmen, all ready to lynch him should his patient die.

Judgment. This faculty is very variable in degree in different individuals, but can be cultivated through attentive interest in clinical methods and results. Experience ripens judgment, and it is in this one important point only perhaps that the old surgeon excels the younger man. To know when or whether to operate, is as essential as knowing how.

Skill. Manual dexterity is a sine qua non for the successful surgeon. Not talking, but doing, is what counts here. By reason of quickness, facility and independent initiative, American surgery has long led the world at a distance. To see a good surgeon operate, is like watching an artist making every stroke count upon the canvas.

Resourcefulness. Country surgeons have done celiotomies with a pocket knife; have amputated thighs and

given the anesthetic themselves. When Ambroise Pare (1510-1590), after a battle, found that the boiling oil used for cauterizing gunshot wounds had run short, he dressed with clean cloths instead, and learned to his delight next morning that the men so treated were in better condition than their comrades who had had the oil. Pare not only utilized this idea of asepsis at once (and wrote a treatise upon it), but rediscovered the Arabian method of ligating arteries (instead of using the red-hot cautery), excised limbs above the gangrenous areas, and invented trusses for hernias and feeding bottles for artificially fed infants. We doubt not that our readers will find in the surgical papers of this issue some elements of the inventive resourcefulness which has caused Pare's work to loom so large in the history of surgery.

THE CHOICE OF AN ANESTHETIC.

With the great variety of anesthetic agents, both local and general, at our command, considerable study and judgment must be used in selecting an anesthetic for a given case. It goes without saying that the patient must not be fitted to the drug, but the drug must be fitted to the patient.

Local anesthesia has a surprisingly broad scope, but to obtain best results one must know anatomy, and especially sensory nerve distribution. The toxicity of the various local anesthetic drugs and the rate of their absorption in the different structures of the body, determine the drug to be used, the method, and the dosage. For instance, novocaine is a fleeting anesthetic unless combined with adrenalin. Cocaine is more dangerous in the urethra than in the larynx, because the former is a long vascular canal favoring quick absorption, while the latter is more or less cartilaginous, retarding absorption. Cocaine syncope depends upon the rapidity with which the drug is

taken into the circulation; i. e., if taken up rapidly, death may occur. Real cocaine poisoning takes place very shortly (a few minutes) after injection, or application of the drug.

In selecting an anesthetic for a given case, the above considerations are important. For many brief operations such as pulling teeth, adenectomies, opening abscesses, paracentesis, etc., ethyl chloride, somnoform, or other hyper-volatile anesthetics may be used with success.

Nitrous oxide-oxygen (the non-asphyxial method) anesthesia is in a class by itself. It is a mechanical anesthetic. It is the safest of all general anesthetics and produces no harmful changes in the body; i. e., on the blood, heart, liver or kidneys. A patient who is properly prepared for operation rarely experiences any nausea. Its two main contra-indications are marked dilatation of the heart and atheroma. It is an expensive anesthetic, requires expert administration, and in some cases does not give the desired relaxation in abdominal surgery. There is less shock under N₂O than with any other anesthetic. Spinal anesthesia is indicated in selected cases when all other anesthetics are contra-indicated and when the operation is to be below the umbilicus.

We now come to the consideration of the two anesthetics which have stood the test of time, viz., ether and chloroform. Both drugs are far from being ideal anesthetics. Formerly, when we knew little about the after effects of these two drugs, it was said that ether was five times safer than chloroform. This meant that one patient out of every 15,000 would die on the table when given ether, and one for every 3,000 under chloroform. Chloroform given skillfully is almost devoid of immediate danger. Neve reports 78,407 administrations with but three deaths. The delayed poisonous effects of chloroform on the viscera (late chloroform

toxemia), are well known and do occur quite frequently. This drug is contra-indicated when there is pathologic acetonuria or diabetes. Chloroform is a depressant anesthetic, and its greatest contra-indication is marked cardiac disease. But on the other hand, ether (a false stimulant) is a tax on a weak heart. Many cases die after a prolonged etherization from myocardial asthma, caused by the dynamic ether. Now the later effects of ether are also manifest, death occurring from the damage done either to the lungs, kidneys, a weak myocardium after a prolonged etherization (or excessive dosage), or to the body as a whole. Ether given by the drop-method with a generous admixture of air, and using a minimum amount of drug, can be used in perhaps 75 per cent of all operative cases, and would be the anesthetic par excellence. In the other 25 per cent of cases chloroform would bring the patient through an operation feliciter.

The following table in a general way gives some of the contra-indications for:

Chloroform:

Cardiac disease
Anemia
Diabetes
Acetonuria
Hemorrhage
Chronic Alcoholism
In presence of open flame.

Ether:

Acute pulmonary conditions
Diseased kidneys
Atheroma
Aneurism
Where the cautery is used about the face. Parsons.

APHORISMS.

Do not start anything you cannot finish.

Let no man bite off more than he can masticate, for verily, that man is liable to have a greater pain in his own tummy than he causeth in the system of him who looketh on.

A new broom sweeps clean, and it is full of straw. S.

NOT ABOUT AUTOMOBILES.

If some part of my automobile break shall I supply myself with what is needed by sending to a manufacturer who makes a large number of these in a uniform style, from standard materials, and after a settled pattern, or should I go to a local mechanic and have him make one for me?

Instead of using a Johns or a Stalwart speedometer, both of which are patented or copyrighted articles, ought I have the local clock repairer make a speedometer for me, as nearly like the original as his skill and facilities permit?

When I desire to use a splint for a fracture case, and I know of a manufactured splint which is well made and which will serve my purpose, but which is horribly burdened with a short, convenient, copyrighted trade designation, am I taking high ethical grounds when I pass by such a degraded appliance and employ the tinner to make an imitation of it for me?

Am I an ethical automobilist if I use an engine oil of qualities which meet my requirements, but unfortunately tagged with the rememberable if grotesque name "Bolarine," which name is probably copyrighted? Or ought I select under a long and complicated chemic hydrocarbon formula as close an imitation of Bolarine as I can procure from the local dealer in paints and oils?

As an autoist I should be glad to receive from the Council on Accessories of a National Auto Association its report on the chemical composition and the purity of these oils, all of them; after that, as an educated and trained autoist, I want to be permitted to use my own judgment as to which of them I shall use.

And as a physician, if I like "Blisterine" better than the uncopyrighted imitations of it, known as Liquor Antisepticus, N. F. (but seldom ever coming out twice the same from different compounders), why, that is MY business.

And I'll defy any man to put up, on prescription for Pasta Kaolini, a preparation of kaolin, glycerin, etc., in any way as satisfactory and pleasing as Antiphlogistine. There! The blasphemous word has been spoken! Shall I suspend respiration in an agony of apprehensive trembling until the wrathful lightning falls upon my head from the tympanitic Jove of journalistic ethics in punishment for the impious vocalization of a copyrighted word? No, I'll just keep on breathing!

And if I find on the market, good, ready-prepared, palatable preparations and combinations of certain drugs which I find to be useful, is there any good reason why I may not use them, no matter if they do bear a trade-mark name which I can remember?

Must I stop reading copyrighted medical books, too?

So far as my own convenience is concerned, if I were a prescriber of medicines (which I am not), I would prefer that a good many of the "permissible medicaments" bear a much simpler name.

Suppose the laity does become acquainted with the names of some of these things? After a while they will remember the names *pasta kaolini*, *emulsio morrhuae*, *solutio of hydrogen dioxide*, etc., just as well as they have learned the names of the trademarked originals.

The uncopyrighted N. F. preparations do not cost the patient much less than do the proprietaries, of which they are being made in imitation (or is it substitution?)—do they?

Or if the object of the N. F. imitation of proprietaries is to conceal their identity from the laity under jaw-breaking, unrememberable names of bastard Latin and Greek mesalliance, doesn't that amount to a confession that the laity are as able to diagnose and prescribe as is the profession?

Everybody knows the tools and materials that a plumber uses, but everybody knows that the plumber can perform the operations of his art much better than Mr. Everybody can, and what is more, **THE PLUMBER CAN PROVE IT BY HIS RESULTS!**

Are we to stop using certain preparations and drugs just because the laity know their names and something of their uses? What about calomel, epsom salts, quinine, castor oil, sweet spirit of niter, aromatic spirit of ammonia, sulphate of strychnia, Dover's powder, syrup of ipecac, carbolic acid, iodine, boracic acid, salicylate of soda, pil-aloin, belladonna and strychnia, amyl nitrite, bismuth, liquor plumbi subacetatis, lead and opium wash, soap liniment, oil of wintergreen, stramonium, charcoal, hydrastis, sodium bicarbonate, infusion of senna, lithium, tincture of nux vomica, Bland pills, syrup of iron iodide, compound syrup of hypophosphites, aspirin, compound liquorice powder, and a hundred other things?

Another question entirely is that relating to the value of various drugs in therapeutics. Who knows what is useful and what is not? How many patients do the writers of books on materia medica, pharmacology, therapeutics, ever see personally? Does a drug always operate on a man in the same manner as it affects a frog or a rabbit? And if a drug acts differently in the system of *rana esculenta* from the way it acts in the system of some other kind of a frog, are we justified in using the same therapy for rheumatism in a German patient that we would if the sufferer were French?

How many remedies are there that the profession universally endorses as having an unvarying and definite physiological effect? And who is to be the judge? And doesn't the subject of today's *ex cathedra* pronunciamento *bonissimus* become the anathema

maranatha of tomorrow? "Where are the drugs of yester year?"

Will it not, after all, be just as well to inform the profession as to the constituents of the remedies offered them, to check up the formula once in a while, and then allow the physicians to use their own judgment as to choice between names and makers?

And really, the matter that ought to be before us is not that which pettifogs over the name or trademark of an honestly made combination of drugs in palatable form, but the larger matters which comprise the elevation of professional standards of skill, and the education of the public thereby, that they may confidently seek medical aid for their ailments, knowing that they will receive better help than they can give themselves.

The properly qualified physician can judge, when he knows the composition of remedies offered for his use, and when he considers the clinical reports concerning their actions, whether or not he wishes to use them; he bases his judgment upon knowledge of a scientific nature concerning the different drugs in a remedy; he does not have to believe the statement of a manufacturer, backed up by the prestige of a place in the advertising column of the *Journal of the A. M. A.*, that *Acet-Theocin-Sodium* is "the greatest renal diuretic" (ad., page 14, *Journal of the A. M. A.*, Jan. 20, 1912). (It was not ever thus. Was ist los mit Diuretin, welches aber eher aus dem Farbenfabriken stammt?)

He may consider calomel "to be or not to be" a cholagogue, according to which of the authorities on materia medica he is an adherent.

He has the advantage of the layman here, and it is his duty to give to the layman the benefit of his knowledge, also to show the layman that the doctor is better able to work with these tools than is any other.

A certain contemporary medical publication of a local circulation has recently had the bad taste to mention by name *The Denver Medical Times* in connection with "debauching advertisements," says the *Times* is "an unwashed rebel," "independent of medical ethics," etc., certainly a very poor example of journalistic ethics at any rate; such "lucubrations" as these were formerly in high favor between rival "sheets" in the wild and woolly frontier days, but come with poor grace from the high-minded and ethical editors of official professional organs, editors whose altitudinous position upon the high peaks of virtue should lead them to reach down a saving hand of rescue for the degraded and "debauched, unwashed" confrere, rather than with cruel, ironshod heel to spurn him, or push him down to complete oblivion in the muck of slime and debasement, in which he is seen to be wallowing, according to the highly righteous, emmetropic vision of the said high priest of ethics.

We sincerely hope that the masters of the aforesaid editor will not deal too hardly with him in calling him to account for his ill-advised infractions of journalistic ethics and courtesy, for much must be forgiven in the neophyte.

"There's a reason!" The Denver Medical Times, by reason of its large circulation and its high standing in medical journalism,

carries a good deal of paid advertising which its somewhat envious contemporary cannot get!

No one is deceived by the smooth, suave, crafty fox, when, with spittle drooling from his chops, and hungry eyes fixed enviously upon the luscious fruit beyond his reach, he says, "Those grapes are sour, anyway."

STOVER.

PERSONALS

Dr. D. H. Coover has returned from California.

Dr. and Mrs. Thomas H. Hawkins are now in Berlin.

Dr. L. W. Soland is now located at Blanca, Colorado.

Dr. V. D. McKelvy is spending a few weeks in Denver.

Dr. Hubert Work made a visit to Syracuse, N. Y., recently.

Dr. Mary E. Scott, sister of Mrs. Scott Saxton, died January 12th.

Dr. L. V. Howard, formerly of Denver, is now at Santa Monica, Calif.

Dr. Joseph Cuneo has moved his office to 1434 Glenarm Place, room 10.

Born to Dr. and Mrs. W. H. Rothwell, at Murray, Utah, January 18th, a son.

Dr. Arthur Smiley of Hillrose, Colo., has been visiting friends in Denver.

Dr. Crispin Wright, formerly of St. Luke's, is now located at Fruitland, Idaho.

Drs. Payne and Howe of Boise City spent the Christmas holidays in Denver.

Dr. A. M. Kempton has moved from 1427 Stout street to the Wyoming building.

Dr. and Mrs. William Drechsler are the proud parents of a bouncing baby boy.

Dr. H. G. Wetherill made a business trip to New York in the last week of January.

Dr. H. E. Hall of La Junta has been appointed vital statistician of Otero county.

Dr. Osborne of Como, Colo., recently spent a few days in Denver visiting friends.

Dr. W. E. Turner of Brush is the new president of the Morgan County Medical Society.

Dr. Herbert Black, of Pueblo, has about recovered from a severe attack of pneumonia.

Dr. Robinson, formerly an interne at St. Anthony's Hospital, expects to locate in Idaho.

Dr. William W. Harmer of Greeley is now president of the Weld County Medical Society.

Dr. George W. Perrin has been elected president of the Colorado Osteopathic Association.

Dr. J. C. Van Slyke of Fort Collins has about recovered from a severe attack of neuritis.

The interne service at the County Hospital (and Steele) has increased to ten members.

Dr. P. H. Cottrell, who is now practicing in Texas, spent the holidays with his parents in Boulder.

Dr. Howe, formerly of Mercy Hospital, is located near Boise City, Idaho, and is doing well.

Dr. Mary Keeler of Loveland was called to Iowa, early in January, by the sudden illness of her sister.

Dr. R. W. Corwin has been elected an honorary member of the Denver Clinical and Pathological Society.

Dr. T. A. Davis, formerly chief resident physician at the County Hospital, is located at Portland, Colorado.

Dr. C. O. Eigler and family have moved into their handsome new bungalow at 1277 South Gaylord street.

Dr. H. S. Isaacs has located at suite 536 Metropolitan building, and will limit his practice to obstetrics.

Dr. R. C. Weinback and Miss Elizabeth F. Burns of New York City, were united in marriage January 11th.

Dr. P. V. Carlin is en route to Panama for rest and recreation. He will return home by way of the Pacific Coast.

Dr. and Mrs. Henry A. Barclay of Vermejo Park, N. Mex., made a brief visit to Denver in the third week of January.

Dr. and Mrs. W. A. Burman of Boulder are away on a visit in Texas and Louisiana.

Dr. Miller, a prosperous dentist of Lafayette, Colo., received a Colles' fracture last month while cranking his auto.

Mrs. Caroline M. Walker, the beloved wife of Dr. James M. Walker, died on January 10th, at their residence in this city.

For the fiscal year ending December 1, 1911, the Denver health office records show in births 1,443 males and 1,338 females.

Mrs. Dr. J. A. Lawson, of Rocky Ford, recently brought from Albuquerque in a very serious condition. is very much improved.

Dr. Wm. H. Rothwell of Murray, Utah, came to Denver, the latter part of January, to attend the funeral of his loved grandmother.

Since his return from abroad, Dr. Frank E. Rogers and family reside in Denver. The doctor has his offices at suite 331 Majestic building.

Dr. Mary A. Ingersoll has been re-elected president of the Woman's Republican

League of Colorado. Dr. Minnie C. T. Love is vice-president.

Adjutant General Chase has been in Washington, D. C., recently in consultation with General Evans, who is in command of the militia department.

Dr. T. E. Carmody was confined to his home by a vicious attack of tonsillitis the first part of January. He left for Galveston on the 23rd to recuperate.

Dr. Grant S. Peck has removed his offices to the Majestic Building. Dr. Peck's office building at 1427 Stout Street is being converted into a rooming house.

Dr. John Morgan recently suffered the loss of an amblyopic eye in the Longmont hospital, in order to prevent sympathetic inflammation of the other eye.

The numerous friends of Dr. Edward W. Lazell will learn with pleasure that he is devoting his spare time to literary work connected with his specialty.

Dr. E. B. Trovillion has been chosen president of the Boulder County Medical Society; Dr. W. L. Snair, Louisville, vice-president; Dr. Clay, Giffin, secretary.

Dr. W. T. Whiting, a young and popular physician of Lafayette, was instantly killed January 2 in a collision between his automobile and an interurban electric car.

Dr. H. A. Fynn of Denver recently gave an interesting illustrated lecture on "The Mouth and the Teeth and Their Relation to Public Health," in the College Chapel at Fort Collins.

The Supreme Court of Colorado made its final ruling in the case of Ralph M. Jones, January 6, to the effect that osteopaths shall be allowed to use the word "Doctor" before their names.

Dr. David Utter, pastor of the Unitarian church of Denver, has invited a number of the best medical speakers in this city to fill his pulpit Sunday evenings during January and February.

Many physicians of Denver attended the recent recital of Kubelik, the violinist, showing their appreciative tastes for tone and technique other than anatomically and physiologically, so to speak.

Dr. Hart Goodloe of Canon City, has been named county physician of Fremont county; Dr. R. D. Adkinson, of Florence, assistant county physician; and Dr. F. R. Moore of Florence, county health officer.

With its customary enterprise, the Scholtz Drug Company has presented Denver medical men with a very handsome set of wall maps, backed with much interesting statistics and patriotic facsimiles.

Dr. S. G. Bonney and Mr. John H. Porter of Denver and Dr. O. M. Gilbert of Boulder, have been elected to the directorate of the Colorado State Association for the Prevention and Control of Tuberculosis.

At the annual meeting of the "Monoxide" Tooth Powder Company on January 9, the following officers were elected: President,

Dr. F. P. Gengenbach; secretary, Dr. C. G. Parsons; treasurer, Dr. A. G. Case.

At the January meeting of the Denver Clinical and Pathological Society, Dr. Charles A. Powers exhibited an amputated forearm, showing the characteristic Volkmann's contracture of long standing.

Owing to retrenchment entailed by the consolidation of the City and County of Denver, two county physicians will hereafter do the work heretofore done by three men. Dr. R. S. Allen is the one who loses out.

The Mile-High Club, of which Dr. H. G. Wetherill is now president, gave its 51st dinner on the evening of January 24th, at the Adams Hotel, in honor of the celebrated Labrador medical philanthropist, Dr. Wilfred T. Grenfell.

Dr. Charles A. Bundsen has been decorated by King Gustaf of Sweden, with the gold cross of the Order of Vasa, in recognition of the doctor's philanthropic activity in connection with the Swedish National Sanatorium for Tuberculosis.

Thirty napkins were laid at the good fellowship banquet of the Fremont County Medical Society, set forth in Canon City on the evening of January 26th. Addresses were made by Drs. Jayne, Singer, Corwin and others, and everybody was happy.

On the last day of last year Dr. E. E. Evans of Fort Morgan brought into Denver a man who had been kicked by a horse, causing a large perforation of the intestine. The patient was operated upon by Dr. L. E. Lemen and has made a good recovery.

Says the Pueblo Chieftain: "If the Duke of Connaught had merely discovered the cure for some disease, thus saving thousands of people, or had made some great invention reducing the cost of living, the curiosity seekers would never have blocked the sidewalk."

At the January meeting of the Denver Clinical and Pathological Society, Dr. James C. Todd exhibited some specimens of the rare (in this country) fish tapeworm, *Bothriocephalus latus*, together with some beautiful photomicrographs of the eggs of this genus, and of *Tenia saginata*.

Drs. Black, Freeman, Hall, Levy and Lyman gave their annual New Year's "cure" to a large number of medical friends who had relapsed during the past year. Among those who came from outside Denver were Dr. McHugh of Fort Collins and Dr. Bartelt of Lamar.

The Fort Collins Sanitarium Company was incorporated on December 13. It will be under charge of Dr. E. Stuver, and all kinds of chronic diseases will be treated. It will be conducted in harmony with and has the approval and co-operation of the medical profession of Fort Collins.

The annual report of Dr. A. P. Busey, superintendent of the state insane asylum, shows that at the beginning of the present year there were 1,150 patients (461 women)

in the institution. Last year one in thirteen of the inmates died. The average cost of maintenance was \$11.78 per month for each patient.

The Central Presbyterian Church of Denver was well filled on the evening of January 25th by an audience greatly interested in the stereopticon lecture of Sir Wilfred T. Grenfell upon Labrador and its people and needs. Dr. Grenfell has done a noble work in this region for twenty years, not only along medical lines, but in developing material resources as well.

Dr. A. L. Stubbs, who has for several years been Registrar of Vital Statistics for Otero County, was recently removed by the State Board of Health upon the recommendation of the Democratic County Executive Committee, and Dr. H. E. Hall of La Junta appointed in his stead. Dr. L. P. Barbour, local registrar of Rocky Ford, for the same reason and at the same time, was removed, and Dr. B. B. Blotz appointed.

We regret to report the death, the first week of this year, at St. Petersburg, Fla., of Dr. George F. Wright, at the age of 63 years. Dr. Wright was formerly connected with Dr. William H. Davis, on lower Seventeenth street, but had made his home in Kansas for some years preceding his death. He was the first professor of orthopedic surgery in the Gross Medical College, and was a man of kindly presence and capable energy.

According to the annual report of Health Commissioner Sharpley, the total deaths in Denver were 94 fewer in 1911 (3424) than in 1910 (3518). The chief items of decrease were in typhoid fever, tuberculosis, and heart disease, while the deaths from pneumonia increased from 328 to 375. The greatest mortality of the past year was in January (377); the lowest, in October (223). There were 123 accidental deaths, 13 homicides and 76 suicides.

The good fellowship rally of the Medical Society of the City and County of Denver, at the Brown Palace Hotel on the evening of January 9th, proved to be a very interesting and enjoyable occasion, about 250 members in esse et in posse being present. In addition to the state organizer and principal speaker of the meeting, Dr. Frederick Singer, Pueblo was further well represented by Drs. Epler, Baker and Keeney; Colorado Springs by Dr. McKennie, and Boulder by Dr. O. M. Gilbert.

According to the Pueblo Chieftain, 100 members of the Colorado State Medical Association, representing each county and district society, will be the guests of the Pueblo County Medical Society at a banquet to be held in the Congress hotel on the evening of January 25th, at which time plans for the state meeting will be completed.

Later: 115 are said to have been present, and there were 38 after-dinner speeches, not to mention the remarks made upon the train

by that portion of the Denver contingent who were four hours late.

We congratulate the readers of the Denver Medical Times upon having secured the co-operation in foreign medical literature of Dr. Joseph Cuneo, formerly associated in this capacity with the Colorado Medical Journal. Dr. Cuneo has resided in Denver for 21 years, was Italian consul here for ten years, until 1904, when he was made life honorary consul and decorated by the king an officer of the Order of the Crown of Italy, having already had several lesser honors of the kind bestowed upon him. Dr. Cuneo is a good physician, thoroughly honorable, and consistently independent.

Regular January meeting of Otero County Medical Society was held in the City Hall, January 9th. Members present: Drs. A. L. and Jessie E. Stubbs, Drs. Moore, Hall, Kearns, Fisher and Barbour. Dr. Jessie Stubbs, president, in the chair. Minutes of previous meeting read and approved. An excellent paper by J. L. Kearns on the "Therapeutic Progress of the Past Year" was read and the discussion participated in by all present. The Board of Censors having reported favorably upon the applications of Dr. L. A. Fisher and of Dr. F. W. Maier, these men were on motion duly elected members. Adjourned. L. P. Barbour, Secretary.

The annual meeting of the Colorado State Association for the Prevention and Control of Tuberculosis was held at the Brown Palace hotel, January 15, Dr. G. Walter Holden in the chair. The business of the society was transacted around the luncheon table, which was graced by the presence of Dean Hart, Dr. Slocum, Rabbi Friedman and other distinguished citizens. The members listened with interest to the reports of the executive secretary, Mr. S. Poulterer Morris, and to the address of the retiring chairman of the directorate, Dr. Holden, who has served faithfully and well during the first three years of the society's existence. Dr. Holden's resignation from further active duty was accepted with regret and he was made an honorary life member of the association. The scope of the work of the society will probably be considerably extended this year, so as to cover all preventable diseases, and the name altered to come under the banner of the Red Cross.

At the January meeting of the Denver Medical Club, Dr. John T. Beatty exhibited a piece of foxtail grass, 1¼ inches long, which had been swallowed and inhaled by a child, passing into a bronchus, and thence through the lung and back wall of the chest to a point just outside the scapula, where Dr. Beatty removed the offending body some months after it had been aspirated into the respiratory tract. In discussing this unusual case, Dr. Jim Perkins remarked upon a practice of schoolboys in the country in the days of his youth, of introducing a piece of this "crawly grass" up under the

bottom of the pants next the skin, and then, walking along, see whose piece of grass came up first to the neck. Dr. H. S. Cooper further amused the assembled doctors by his account of how he had been "stung" with two tons of hay rich in fox-tail, from a man who owed him a bill. The doctor's horse soon got to slobbering and spitting as if it were salivated, and it took the doctor about a week to get all the fluff and sniny points out of the horse's mouth and throat, requiring a great variety of minor operations. The worst of it was that the doctor had to pay cash for hauling the hay from his quondam patient's ranch.

The Larimer County Medical Society held its regular meeting January 3 in the Y. M. C. A. building. There were present: Drs. Kickland, Sadler, Quick, Taylor, Dale, Replogle, Morgan, Upson and Stuver. The minutes of the last meeting were read and approved. An invitation from the Medical Society of the City and County of Denver, for our Society to attend a meeting and banquet to be given by them on January 9 was read by the secretary. "Hemorrhoids," the subject of the evening, was then taken up. Dr. T. C. Taylor discussed the anatomy of the rectum (illustrated by drawings). The Causes and Effects of Hemorrhoids were then considered by Dr. Dale, who stated that according to the most recent authorities the cause of hemorrhoids could be summed up in one word—constipation. Dr. Quick gave a very interesting talk on the medicinal treatment. He called attention to the good results that could be obtained in some cases of external piles by injecting them with boiling water. Dr. Stuver discussed the electrical treatment, calling attention to the use of the galvanic and various forms of static current in their treatment at the present time. Dr. Replogle, who had charge of the discussion for the evening, then gave quite a full and elaborate description of the so-called "American" and the slit operations. E. Stuver, Secretary.

The annual meeting of the Medical Society of the City and County of Denver was well attended, and was of considerable interest. The retiring president, Dr. H. R. McGraw, made a plea for further increase of membership. Owing largely to Dr. McGraw's efforts, the number of members was augmented by 74 last year, making 340 at the beginning of this year. Dr. A. J. Markley, librarian, gave an interesting account

of the expansion of the library, which now contains approximately 7,000 volumes, and a file of 150 current medical journals. Dr. Jayne, as trustee, read Dr. Kenney's report of the Board of Trustees, showing good progress. The report of the treasurer, Dr. George F. Libby, indicated a perfectly solvent condition of the finances of the association. When it came to election of officers, Dr. C. E. Cooper presented the name of Dr. William H. Davis for president, and Dr. Davis was elected by acclamation, a worthy tribute to a man whom we all esteem most highly. For vice-president, a close contest between Dr. Wm. H. Sharpley and Dr. Henry Sewall ended in favor of the latter. The other officers elected were as follows: Secretary, Dr. W. M. Wilkinson; treasurer, Dr. George F. Libby (reelected); librarian, Dr. A. J. Markley (re-elected); trustee, Dr. C. B. Van Zant; censors, Dr. F. P. Gengenbach (long term) and Dr. W. C. Bane (short term); delegates to the State Medical Society, Drs. McGraw, Moleen, J. B. Davis, McLauthlin, Sharpley, Kenney, Lazell, Stover and Sedwick.

REPORT

Of the Good-fellowship Banquet, Given by the Pueblo County Medical Society, to the Physicians throughout the State.

The object of this convention of doctors was to establish a foundation for a rousing good time at the September meeting of the Colorado State Medical Society, which is to occur in Pueblo.

The eastern half of the state, especially Denver, Colorado Springs and Canon City, were well represented.

The general impression among those present is that the banquet will have a far-reaching effect in getting a large and enthusiastic attendance to come to the State Society meeting.

Words of high commendation were spoken by visiting doctors and everybody had a thoroughly good time, even though a large contingent of the Denver bunch were more than three hours late in arriving.

The consensus of opinion seemed to be that Singer and his committee had done themselves proud in paving the way for the existence of a spirit of good fellowship.

B. O. A.

WE ARE ADVERTISED BY OUR LOVING FRIENDS.

For some weeks we had surmised that a conspiracy was on foot against the fair name and fame of the Denver Medical Times. We are pleased to have drawn the chief conspirator out into the open, and to republish below his dysverborrhelic philippic, with a few brief notes of our own on the side, leaving our readers to judge whether it is a case of "sour grapes" or simply a "tempest in a teapot."

Colorado Medicine has always sought a free expression of opinion concerning its work and worth. Praise is always encouraging. Criticism, if it be intelligent, is helpful. Recently the opportunity presented of seeing itself in the distorting mirror which a certain local editor holds up to nature. We were about to adopt a current expression and say that this counterfeit presentment appeared in a "contemporary," but that would be conceding too much. If we consider the date alone on which the Denver Medical Times is published, it is a contemporaneous journal. If, on the other hand, we attend to the character of its reading matter, or that matter intended to be read, it certainly belongs to a period of two decades ago.

Within this period of twenty years medical journalism has undergone a revolution. It has been made clean as well as scientific. The influence of its high example has extended to many lay publications. The Denver Medical Times is old enough to have been a leader in this movement, but reforms are accomplished with sacrifice. From a financial standpoint they don't pay. Were it otherwise, the editor of this journal would be a standard-bearer in the procession of progress, holding aloft his fluttering colors and crying out to the enemy to shoot him down with a charge of biscuits or a wad of greenbacks.

This revolution which has left a more wholesome medical journalism in the place of one which mixed debauching advertisements with enlightening discussion has not, of course, been complete. Revolutions seldom are. A straggling few remain for a time unsubdued. The Denver Medical Times is just one of those unreconstructed and unwashed rebels that set up wooden cannon and discharge an occasional fire-cracker in imitation of more powerful ammunition.

With this introduction of our critic which, in spite of its years, is in need of introduction to the present generation of physicians, let us attend to what it has to say. We reproduce certain parts of an editorial, thus giving it circulation which it would otherwise be denied.

"The state medical association journals are gaining wisdom and sobriety with increasing age. A few years ago, when some of them were barely out of the shell, they loudly clamored that their independent elder brethren should get off the earth, and advocated the boycott and other unlawful

Every article in the present issue has been written especially for this number of the Denver Medical Times by well known men, all of whom are members of the Colorado State Medical Society. What do they think of the opinion of their writings held by their humble servant, the editor of Colorado Medicine, and would their papers have been more up-to-date had they been held, say six months, and then been printed in Colorado Medicine?

A good test of the intrinsic value of any medical journal is whether many actual subscribers take it and pay for it. Do any of our readers know of a single doctor in Colorado who takes and pays for a state medical association journal published outside of this state? The editor of the Denver Medical Times receives the same small salary as does the editor of Colorado Medicine, and he has no further financial interest in the former journal.

Three years ago we made a count of the number of advertisements of proprietary medicines not sanctioned by the Council of Chemistry and Pharmacy, to be found in the January issue of all our exchanges among the state association publications. Only one journal (now defunct) carried none of these ads, the others ranging to as high as 27. There is little doubt that much the same condition could be discovered today, if the search were worth the trouble.


Thanks, ever so much!

methods for achieving the desired result. Such action on their part was unwise as well as unkind, since even granting (what is inconceivable) that all the members of the state association are in favor of such extermination of independence in medical journalism, the fact is that in every state probably the nominal membership of the state society is a minority of the total number of regularly licensed practitioners in the state, and the actual attendance at the yearly meetings for the reading and discussion of the papers which fill up the association journals is only from one-twentieth to one-tenth of this total. Ethical advertisers, moreover, naturally prefer a tub which stands on its own bottom, with real subscribers, to any organ with a circulation practically limited to a membership list of willy-nilly recipients, who are taxed pro rata for its maintenance.

"Your editor of an association journal is a man with many masters, and he has a hard row to hoe. If he says one thing, Thomas will be aggrieved; if another, Richard will be offended; and even Henry has been known to be affronted by some poor editor. Is it any wonder, then that ye state organ editor soon learns to take the easiest way, to write only such non-committal and perfunctory lucubrations as might be expressed by the following lines?

"The grass is green; the sky is blue,
We trust that we agree with you."

The character of the independence of the Denver Medical Times is difficult for a purely "perfunctory" editor to understand. Independence, liberty and such words have always been hard ones. Their meaning has been sought in every nook and fastness along the pathway of progress. Attempt has been made to establish it in high debate and by the harsh dictation of the sword. The editor of the Denver Medical Times knows what these words mean. His journal is independent. Association journals are not. If he means independent of the guiding influences of an organized profession, he is right. If he means independent of the ethical principles and ideals for the promotion of which medical organizations are formed, he is twice right. But is his journal independent of the "financial interests" that use it as a means of introducing their secret (sic) nostrums (sic) to the profession and through the profession to the laity? Is it independent of the purely mercenary aspirations of the printing house that owns it? Would the editor of the Denver Medical Times, for all his boasted freedom, take his readers into his confidence and tell them what he thinks of some of the products his advertising pages exploit? If he knows what liberty is, we ask that he accept this invitation and vouchsafe to us who fret in chains a fleeting glimpse of the true quality of freedom.

Liberty, like truth, is difficult to define, but we may be permitted to mention a few things which, we think, are not conducive to medical independence of the highest type: (1) Members of a state medical association being forced to pay for the "organ," whether they care for it or not; (2) the political contraption by which even delegates to the state medical meetings have no direct voice in the election of officers; (3) the arrogant assumption of infallibility as to medical ethics by a small coterie of good fellows who happen to be clothed with a little brief authority. Concerning medicaments, the editor of the Denver Medical Times comes from a state adjoining Missouri. In sending in his corrected list of remedies to the revision committee of the U. S. Pharmacopeia, he struck out more than half of the titles present in the eighth decennial revision. Hence, it is obvious that, in his opinion, a cessation of production of some of the medicines advertised in this journal would not precipitate a cataclysm. Nevertheless, he is firmly of the belief that those proprietary remedies tabooed by the Council (hardly any of whom have ever looked a patient in the face), which have imitations (same price to the patient) in the National Formulary (promoted by the leaders of the American Druggists' Syndicate), are much superior as a rule to said cheap and variable substitutes. 

Meanwhile, let the association journals boast of their bondage. Like the moralist, they are tethered to principle; like the scientist, to truth. In such thralldom, liberty is born.

It is true that many physicians are not members of their local societies. They will be when the call of duty rings louder in their ears. Are we to assume that the "independent" journals rejoice in the comparative disorganization of the profession? Do they mean, if possible, to maintain it? Surely, organization for honest purposes doesn't injure honest business.

We are less concerned about the preferences of "ethical advisers." These are naturally matters of first importance with the Denver Medical Times. We do not profess to know what kind of tubs they like, nor are we interested in their peculiar predilection for any utensil of the laundry. We assume, however, that they, like other people, prefer good company.

This editorial has not been written as a "perfunctory lucubration," whatever that is. It has a purpose aside from filling space and the discharge of a monthly duty. That purpose is to give true representation of the character and purposes of another journal, and to call the attention of certain honored members of the State Society to what we consider a breach of moral obligation. You, whose names appear as associate editors, as editorial collaborators, and as the editorial committee of the Denver Medical Times, and you who contribute to its columns, we wish a word with you. Is your position as it is represented to be? Does the editorial committee ever meet? Do the collaborators ever collaborate? If not, have you merely the childish fondness of seeing your names constantly in print? Do you not know that while you are thus flattered your fair reputations are being used to lend respectability and the tint of authority to the products that are advertised alongside your names?

Are you in favor of your own medical journal, Colorado Medicine, accepting the advertisements of which you evidently approve in another? As long as you allow your names to lend dignity to the "kept" journals, either by passively permitting the announcement of your association with them or by contributing to their columns, you become parties to their mercenary designs. The inference must be drawn that you approve of them, and by this inference you must be judged.

We leave this subject now for a month. When this matter came to hand, had it been

Doesn't that sound like the sign in front of the Denver Post—"O Justice—"?

I am proud to be an old and staunch member of the Colorado State Medical Society and of the Medical Society of the City and County of Denver. We have always given friendly reports of the state meetings and have published most of the papers read before our own great county society.

Journals kept by a flourishing society can be published without advertisements, but to get out an independent medical magazine at a moderate price ethical advertisements are absolutely essential. As regards Colorado Medicine, her advertising cake has mostly turned out dough. For example, without going into ancient history, at the end of the last fiscal year the net receipts from advertising amounted to only a little over \$30, the highly honorable advertising manager having run away with the remainder of the extremely ethical advertising receipts, including those from a two-page eulogy of the Gatlin Institute.

If our courteous confrere had only glanced down a few lines further, he would have read: "Of the two or three dozen state association journals extant, we are pleased to note that Colorado Medicine is one of the best." But, no! With unexampled generosity, he is willing to shoulder all the defects of every state editor, not omitting "perfunctory lucubrations." The list of state and national medical societies, with the names of their presidents and secretaries, is printed in the Journal of the American Medical Association among the advertising pages. That, of course, is another story. Oh, my, yes!

The January, 1912, issue of Colorado Medicine, out of hundreds of proprietary remedies sanctioned and sanctified by the Council of Chemistry and Pharmacy, contains just one advertisement—count it, one. Now if, by conspiracy and the boycott, the Denver Medical Times could be put out of existence or even badly crippled, such advertisements in Colorado Medicine might be increased 100, 200, even 300 per cent. Now, isn't that worth while?

We have only the kindest wishes for our spoon-fed "contemporary." Good digestion

asked when it might be attended to again, we would have referred the enquirer to Poe's Raven for his answer. But it has grown in interest and importance. It will be finished before it is finally dismissed.

The editor craves a word of a personal nature. He regrets that his writings have been colorless and "non-committal." He does his best and hopes to improve. This latest effort is as definite as his restricted liberties will permit. It is hoped that his critic will not find its meaning wholly conjectural.

and happy dreams, and don't forget the liver!

You're all right, Charley! You get a little "balled up" in your English once in a while, but even Homer nodded.

Gentlemen of the Opposition: We shall continue to saw wood, as heretofore, and if some of the sawdust happens to get into your eyes, that is no fault of ours.

AGAIN THE BUSINESS MANAGER RISES TO MAKE A FEW REMARKS.

The fulminations entitled "A Reviewer Reviewed," in the January issue of Colorado Medicine, by the very newest arrival to occupy the editorial chair, are certainly funny where they are not foolish, and in about a year he will find about all that is needed for that lofty position is an errand boy, and really we believe that he will develop enough sense and good judgment in that time to be qualified for the position.

May we suggest in answer to one of his ludicrous statements that at least five doctors read this journal to one who reads Colorado Medicine, that in the semi-annual trips over these western states our representatives find scores and scores of doctors who contemptuously fling aside Colorado Medicine without even taking the wrapper off it. Will this raw and rash scribe like us to publish what the rank and file of the members of the C. S. M. S. really think and say of Colorado Medicine and the little ring of gum-shoe artists who keep it in existence, in spite of the fact that it is a useless, colorless little pamphlet and not wanted by a majority who are forced against their will to pay for it?

If our freakish editorial misfit really desires a scrap and an airing, the Medical Times is quite ready for it, but having once entered into it we will do a good job before we quit. We have always been generous with the C. S. M. S. and all matters medical in Colorado, but our good will has resulted in arrant thanklessness from a "certain quarter."

There are a large number of doctors who have experience and intelligence, and who prefer to think and act for themselves; they are properly independent, and do not want a little self-appointed clique to control their thoughts and actions—it is for such that the Medical Times is printed. We have more direct personal requests for the different issues of this journal, outside of our regular mailing list, than almost the entire edition of Colorado Medicine; our journal goes all

over America and to foreign lands, where English is spoken, and where it is not spoken. Let it be understood that in the medical literature of the day, Colorado Medicine is an unknown quantity, and the mud-slinging, cheap tactics now being employed by the NEW editor and a few of his kind, will not promote its popularity or influence.

Will the super-heated and ultra ethical person who is now rattling around in the editorial chair of Colorado Medicine tell the business manager of the Medical Times how a man with one grain of sense and reason can rail against this journal for carrying the announcements of high-class manufacturers of proprietary medicines, the formulas of which are all well known, and then publish whole pages of the GATLIN game, as Colorado Medicine recently did? This "holier than thou" is a blatant farce and should fool nobody. Listen: Colorado Medicine does not carry most of the advertisements that the Medical Times does carry for one simple reason—they cannot get them! Plainly stated, the manufacturers of medicines know that Association journals are, as a rule, of the poorest, weakest kind, mostly forced circulation and little read, and therefore undesirable, and when a firm puts up its good money for advertising space it has "to be shown."

As far as the Medical Times is concerned, it will continue to add to its thirty years of successful publication; it does not owe a dollar to anybody in the world; it does not have to change editors every year; it does not have to assess its subscribers to meet defalcations of its officers and hired men; it does not have to resort to gum-shoe, mud-slinging methods for success and growth; it publishes from four to six times more live, original, up-to-date reading matter than its so-called contemporary every month, and for one-half the price; it is independent, and its writers can say just what they want to, so long as it is true; no little bunch of

censors can pull it around by the nose; it is the best dollar's worth of medical literature on earth; it is known as the most important journal within a thousand-mile radius of Denver; it is fearless, honest—and above all, it is looked upon as a distinct success by eastern publishers; a small self-appointed "sacred few" cannot or ever will, dictate its policy; it is here to stay, and if the editor of Colorado Medicine, with the "tin halo," wishes to know more on this same subject, we stand ready to give it to him. This business office has stood about all this cheap, supercilious, over-bearing nonsense it is going to stand, and if it is necessary to flay the hides of a few of the hypocritical pharisees in order to show them just where they "are at," why, we have the material to do it with, and if we are annoyed any more by this bumptious censor of the universe, we will deliver it.

The writer knows, has called upon, and talked to as many doctors as any man in the West, and knows the game through and through; and he also knows full well that the doctor with brains and who is outside of the "sacred circle," has very little use for Colorado Medicine, and will have no use at all for the kind of methods now being introduced. It is looked upon generally as a clear case of petit larceny to hold up the members of the Association for \$2.00 for this little sheet, clearly published in the interests of the "favored few," who automati-

cally keep themselves in control from year to year, and dictate with an iron hand.

We are proud of our editors, collaborators and our subscribers; the best of the profession are with us, and we will stand by them until the "last dog is hung" and the back-door, mud-slinging, gum-shoe tactics of Colorado Medicine are only an unpleasant memory. We await the "echo" from the "holy of holies."

To show how utterly asinine are his criticisms, we only need say that in our last issue—our thirtieth anniversary—we republished articles by men who wrote them during this period and who have joined the "silent majority," but he quotes it as matter "belonging to a period of two decades ago"—he had not brains to see that some of it was written nearly three decades ago—but, Cui bono?



Business Manager.

P. S.—The expenditure for half-tone plates, artists' drawings and section printed on enamel paper, will mean an extra cost of over \$150 for this one issue. This is more than Colorado Medicine will expend on similar work in five years, but this kind of expense is necessary to make a real journal.

FOREIGN JOURNALS

(Translations by Dr. Joseph Cuneo.)

Denver, Colo.

Colloidal Rhodium.—At the meeting of the Academy of Sciences of Paris, November 27, 1911, M. A. Lancien reported that by using the modified physical method of Bredig, he has obtained the colloidal rhodium which has served him for biological experiments. He secured the stability of the colloidal solution by adding minute quantities of glycocholate of sodium, and rendered the solution isotonic by the addition of chloride of sodium. The cultures on gelatin or bouillon were made with the coli, pneumococcus, meningococcus, and staphylococcus aureus bacteria. He stated that he carried on his experiments always with graduated tubes of the same composition. After eight days, in examining the tubes with the ultra-microscope, he noticed that the microbes had not propagated in the rhodium solution. With regard to intoxicating subjects, the experiments which he made were conducted on tenches, frogs, rabbits, and dogs. To obtain in a frog a physiological disorder, even a temporary one, it required a dose of 70 centigrammes.

Besides, it was proved that electric rhodium has no important action on the nervous system, the kidneys or on the circulation.

The therapeutic action of colloidal rhodium, experimented with in the clinic of Dr. Tirolloix at the Pitie hospital in Paris, was as follows:

(a) In five serious cases of pneumonia, after an intravenous injection of 6 cc., the fever commenced to decrease, four days after the injection.

(b) In seven cases of typhoid fever, after one or two injections of 3 to 6 centigrammes of colloidal rhodium, the temperature was lowered in three hours.

(c) The best results were noticed in a case of gangrenous appendicitis, complicated with septic peritonitis, and in one of endocarditis.

(d) In three cases of serious enteritis, with a temperature from 38 to 40 degrees Centigrade, it continued to decrease until it was normal.

(e) In five cases of post-operative septicemia, the fever dropped and the improvement was rapid and steady.

(f) In thirty cases of tuberculosis, with great variation of fever, the temperature dropped to 38 and 37 degrees Centigrade after one injection of 2 cc., which was given every five days. This satisfactory condition remained constant for weeks.

The injections, in all cases, were painless and were rapidly absorbed, whether subcutaneous or muscular, and in no case was there any accident or rising of temperature;

on the contrary, the temperature decreased regularly until normal. No action was noticed on the liver or the kidneys.

The analysis of the urine, in all cases, showed an increase of chlorides, or uric acid, and there was considerable decrease of urobilin and of the indolic and skatolic compounds, besides hyperleucocytosis.—*Le Progres Medical*, Dec. 9, 1911.

BOOKS

Text Book of Embryology.—By Frederick Rudolph Bailey, A. M., M. D., formerly Adjunct Professor of Histology and Embryology, College of Physicians and Surgeons (Medical Department of Columbia University); and Adam Marion Miller, A. M., Instructor in Anatomy, College of Physicians and Surgeons (Medical Department of Columbia University). Second edition. With five hundred and fifteen illustrations. New York. William Wood & Co., 1911. Price, \$4.50 net.

The importance of the science of Embryology is only lately being recognized. It used to be thought sufficient for one to know the names of the germ layers and of the deciduae, for we thought of embryology as being especially related to obstetrics. Now we are finding out that a study of the anatomy of the body is not complete without a study of its development. The surgeon must learn how adult conditions grew to be what they are; the internist must understand the origins of organs in order to understand the relations and manufacture of their secretions; the specialist must know modes of formation of the structures with which he deals; the laboratory worker must recognize embryonic cells, embryonic blood; all must be able to explain anomalies, and to know their reasons, in order to treat them with intelligence. In a broader way, a knowledge of the embryo is necessary to understand the problems of human life: heredity, family likenesses and differences, racial peculiarities.

In college life the subject of embryology touches every other subject taught in the first year, including chemistry. In the succeeding years its knowledge is of use continually; it is not to be merely studied once, and then laid aside. It would be impossible to recount the many points of therapeutics, practice, diagnosis and prognosis that embryology makes clear. It is important, therefore, that it should be well presented, for students generally find it difficult to grasp. That is a merit of this book—it is well presented, clearly, without too much detail and with an orderly arrangement.

Embryology is a young science, and a growing one; a very fertile field for research and discovery. In this, the second edition, paragraphs have been rewritten, be-

cause there have been important advances made in the brief space of two years that have passed since the first edition.

The section devoted to the development of the nervous system gives an excellent general conception of the subject. The chapter on teratogenesis is well written and valuable. Altogether, the book is one which would be an acquisition in any library.

In conclusion, I quote a "practical suggestion": "Since the earlier stages of human embryos in any condition are not readily procured, all embryos which come into the hands of physicians or others should be preserved and turned over to some one who can use them in the study of development. The earlier stages are especially valuable. Never should a human embryo, normal or abnormal, under any circumstances, be thrown away." M. H.

International Clinics.—A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia. Vol. 4, 21st series, 1911. Price, \$2.00. Philadelphia and London. J. B. Lippincott Company.

The twenty-four articles and 300 text pages of this volume are replete with ideas of interest and practical utility, and illustrated with numerous instructive figures and plates, including a frontispiece portrait of Edward Jenner. William B. Trimble contributes an up-to-date paper on the modern treatment of syphilis. The new section of Geriatrics includes a contribution by Medwin Leale on "The Senile Degenerations," and another by I. L. Nascher on "Senile Mentality." George William Norris describes some modern instruments of precision in the study of cardiovascular disease. J. George Adami contributes a paper entitled "On Habit, Symptoms, and Disease," which goes to the very root of the matter. Ap Morgan Vance gives a clinical review of Intestinal Surgery. An important paper is that by George K. Frink on "Legal Facts a Physician Should Know in Surgical Cases."

UTAH SECTION

Denver Medical Times and Utah Medical Journal

Address all articles, personals, items of interest, and books for review, intended for the Utah Section, to the Editor, Frederic Clift, M.D., Ogden, Utah.

All advertising correspondence should be addressed to the main publishing office, 1839 Champa Street, Denver, Colorado.

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MEDICAL EDUCATION AND LICENSING BOARDS.

Dr. C. L. Olsen of Murray, member of Utah State Board of Medical Examiners, has been appointed by Governor Spry to be a delegate from Utah to the Medical Education and Legislation Council at Chicago, February 26th and 27th, and to the meeting of the Federation of Examining and Licensing Boards at Chicago, February 29th.

CLANDESTINISM AND THE SEGREGATION OF PROSTITUTES.

Whilst we agree in the main with the views expressed by Dr. Gowans, the author of the paper touching on this subject, in our last issue, yet we cannot accept his view of the meaning to be applied to the terms Segregation and Regulation. Salt Lake City does not have and never has had any law segregating prostitutes. Whatever has been done, has been done by private individuals, contrary to the law, but with the sanction, express or implied, of the city officials. Those who favor this method of controlling the mother of all vice, presuppose that those appointed to carry it out will do so with singleness of heart and with a view to a lessening of the evil, and not with a view to building up and controlling the supply of prostitutes, much as the "middleman" controls for the benefit of his own pocket, the supply of butter or other product, and in doing so robs the producer and the consumer. Those advocating this method refuse to recognize a privately owned stockade, especially built by an incorporated body of speculators, walled round and set apart with rooms and cribs for the habitation or use of prostitutes, at so much per hour or day, as representative of their ideas of what segregation regulation and medical examination really means. They look upon these Salt Lake financial magnates as *particeps criminis* with the poor creatures who sell their bodies for bread and butter. These men have in the past not only lived upon the outraged bodies of their renters, but in order to carry on the business they unblushingly corrupted those in authority who see to it that the cribs are fully occupied by renters and that would be customers do not go astray. It has thus become a single question of graft and as a result all that the author pictures in his paper is found to exist. For while vice is profitable

there will be human vultures, both vicious and lawless. Let us consider the evolution of public prostitutes. They become so by degrees and environment, and are recruited from two sources.

(1) From the clandestine or private snaps of our cities and country villages.

(2) From girls imported from foreign countries and neighboring states.

Inasmuch as the federal authorities are successfully cutting off the foreign source of supply—see subsequent editorial, "White Slavers"—We have only to consider the question of local supply and demand. It cannot but be admitted that the girl betrayed by her lover, only too often drifts into clandestinism and later abandoning secrecy and her home and her friends, throws herself into the maelstrom of vice. If the clandestine can be headed off in time, the source of supply is to that extent lessened or destroyed. Both sources being thus controlled, the red light business will, eventually, be crippled. How, then, is the clandestine to be headed off? Clandestines soon become known to the police, who, if they are honest and not subject to graft or orders to the contrary, can in a kindly way make it clear to the wayward ones that they are on the wrong track. If this has no effect he can make it so unpleasant to the clandestine that if she retains one spark of natural modesty or the teachings of her childhood, she will abandon this, the most rapid road to ruin and will be a soul saved from a life of shame and degradation. On the other hand, if absolutely abandoned, criminal, lawless and determined to "gang her ain gait," she, as a matter of fact, becomes less dangerous to our immature boys and girls, and will herself sink to the brothel and finally, after a few years of degraded life will reach the Potter's field. If therefore the clandestine is taken care of, controlled and regulated the general public, including our boys and girls, will

have less vice flaunted in their face than is unfortunately the case today. When Commercial Street was recognized as the semi-quasi restricted district of Salt Lake, and the police did their duty, it was reasonably certain that only those who sought vice ran up against it. The general public and our children had no business which took them to that street and vice was not, except when graft made the police lax, obtruded on their notice, unless they sought it. Under the conditions prevailing at the beginning of the year the majority of the smaller hotels and rooming houses were the happy hunting grounds for more or less clandestine prostitutes and were recognized places of assignation. When graft has ceased to prevail, it will not be possible for drummers and others to phone from these places to the stockade and have so-called medically examined and guaranteed prostitutes sent to their rooms as described in the paper.

Restrict and make it hard for the clandestine to do her business on the streets, at the depots, or other public or semi-public places, and it will be found that although there may be at first more public prostitutes, the latter will be **less dangerous** and the recruiting ground will in time fail to supply the demand for the brothels. This coupled with the activities of the federal authorities in stopping the importation of foreign prostitutes and innocent victims, will deplete these places and only the most hardened and criminal will find shelter there. **The slogan must be strike down the clandestine**, whether male or female. Root out the grafters and those who make money out of the business of prostitution. Let there be no boss or pimp to take or share the prostitutes ungodly earnings. Let all prostitutes whether clandestine or public be subject to a quarantine law. Let the city provide an isolation home to which,—as at the University Cities of Oxford and Cambridge, England, there,

called the "Spinning House,—the clandestine and public prostitute can be sent for a definite period, or until medically certified to be harmless, a cure being always more less uncertain. Compulsory work, as in the "Spinning Houses," will in part pay for their support, maintenance and medical treatment. Make the profession an unprofitable one and the conditions so uncomfortable that all but the criminal minority of its followers, whether clandestine or public will be only too glad to take up decent work for a livelihood. Prohibition has never prevented thievery, but thieves are kept under control and the more the business of thievery is made unprofitable and uncomfortable, the less thievery there is, and only the most hardened of our criminals deliberately face the consequences. We hear but little of the clandestine thief for the law surrounds him with so many pitfalls that he soon abandons the profession or becomes the associate of known thieves. So, it would be with the clandestine prostitute if sympathy with the vice and graft did not prevail. In our hearts we all know that as long as human passions exist sexual sin will also exist. The most stringent laws, even those of the great law giver, Moses, have failed to prohibit promiscuous sexual habits. Let us not, therefore, look for perfection or successful prohibition of sexual delinquency this side of the millenium, but let us aim at that which we can reasonably hope to accomplish. We believe with Dr. Gowans that the continent life is not only possible but more than possible. It is an actuality with the large majority of the boys of this state, and we aim to maintain the standard which has been set up by the early pioneers of Utah, and for this reason we are insistent that clandestine vice as well as the public prostitute be kept off our streets and if need be restricted within certain areas of our two cities, Salt Lake and Ogden, for, no

large cities dependent on railroad or mining interests can hope to enforce absolute prohibition. Physicians should not be fadists. As scientists, we know that the young man who sows his wild oats will reap the whirlwind. Many of them die from active sexual disease long ere maturity of their mental and physical faculties. Our asylums would be largely depopulated, if during the period of adolescence our youth of both sexes could be better protected against vice. After this period, the "sowers" who survive, if they marry transmit hereditary taints or actual diseases to their unhappy offspring and themselves, in the majority of cases, suffer a lifelong penalty in the shape of resultant mind and body deterioration, which only too often sends them to the mad house or a premature grave.

The fear of disease does not restrain one boy or girl in a hundred, but the fear of exposure and detention in an Isolation Home under quarantine and compulsory work regulations would deter all but the actually vicious and criminal,—the ninety and nine. Segregation and medical inspection has never been tried out under proper and sympathetic conditions. Officialism and graft has governed in France and Germany. In Salt Lake the clandestine, maid, wife and widow has been encouraged to hire a room or crib in the stockade at night and to pursue her legitimate calling in store or merchant's office or as housewife during the day. St. Louis has been quoted as an instance in which during a period when a so-called segregation and registration was in force, there was an increase in the number of public prostitutes, but why? It was at the expense of the far more dangerous class, the clandestines. The author's description of conditions in Salt Lake are substantially correct, but why do or did these conditions prevail? Although prostitutes were compulsorily segregated or driven into the stockade by the police, there

was no restricted district, for as long as the stockade was kept full and ready for business, both clandestine and public prostitutes were allowed to run riot on the streets and in rooming houses. These conditions prevailed not because the prostitutes were segregated and medically inspected, but because the stockade was run not by the prostitutes themselves, but by business men and women as a business proposition, for the money that was in it. The money was tainted, but an "incorporated company has no body to be kicked or soul to be damned." It was run this way not because the law was defective, but because the law was side tracked by grafters. Clandestines were allowed to run the streets and public places because they were or would become feeders to the stockade and as such would produce dividends for those who participated in the profits of the ignominious business.

What will be the result if all recognized prostitutes are driven out of the city? It would be something to be proud of. No city has yet been cleansed of public women except perhaps Sodom and Gonorrhah. History tells us that the Almighty quarantined the vile of both sexes and having first escorted the clean out of the city, He proceeded to cleanse the guilty by fire. Whenever absolute prohibition and repression has been attempted, open sin has been more or less "scotched," but only to burst forth with renewed energy at the first opportunity, and at such times of repression clandestinism has become rampant. The bad and the vile will find a way of getting what they desire, even if they have to bring about conditions such as those described in the 26th and following verses of the first chapter of St. Paul's epistle to the Romans. Salt Lake as a railroad and mining center has a large foreign population. Therefore, let us remember that the sins which led to the destruction of the twin cities of

the plain have continued to exist through all the succeeding ages and notoriously prevail in at least two nations in this our own day and age, and investigation would show that many of the recent brutal assaults and murders have resulted from these unnatural crimes against nature. The twin diseases of syphilis and gonorrhea have prevailed from the dawn of history. The Israelites became degraded during their captivity in Egypt, and it took the greatest of all sanitarians, Moses, some forty years to restore them to decent habits. Let us as scientists fight the cause as well as the resulting effects by scientific means and let us become fools," or in other words, "Fadists."

NOSTRUMS.

Of course all "patent" medicines are nostrums, in that they are made secretly, both as to formula and process of manufacture, and with the idea of pecuniary gain to the manufacturer. But what of many medicines which are proprietary in nature, but which are absolutely non-secret, both as to process of manufacture and formula? Many of the latter are now pronounced nostrums by some of the medical profession. Why is this? It is a difficult question to answer.

Some of these medicines, of the latter class, are pronounced nostrums because of the fact that, through the folly of the medical profession, the laity has become acquainted with their names and actions, and because of this have used them in self medication. Does this make such medicines nostrums? He of sane mind would say no. Primarily such medicines were made because of the demand of certain doctors for certain formulas and not with the idea of a widespread demand for them. It was found that the doctors themselves not infrequently spread such demand through telling others of these agents

and the consequence has been that they have become universally popular.

For a number of years but one manufacturer marketed the Hinkle pill, but there was such a demand for this particular formula that every maker of pharmaceuticals was obliged to place it in his list. Today we find many of the laity employing this formula and without any pretense of consulting a doctor before so doing. Why do they do so? Why do they know anything at all of this pill, other than as a medicine given them by the doctor? Simple because some fool doctors have told their patients to go to the drug store and get a dozen Hinkle pills and take a couple on retiring. There are several saline laxatives upon the market which have found their way into the hands of the laity in exactly the same manner. These are but two instances, and there are a myriad others, and all of them are due to the same cause, the verbal direction of the doctor to the patient to go buy a dozen of this or a bottle of that and take it as directed. But does this make such medicine nostrums? No! Emphatically, No!

Any number of the proprietary medicines have been copied by other manufacturers and we find "fake" formulas in some of our text books, along with the process of manufacture, in that the doctor may make his own "proprietaryes," and the latter are **not nostrums**. Fault has been found with some of the manufacturers because of the fact that they have wrapped descriptions of their medicines with the bottles, but this has been done with the idea of giving the profession, **and not the public**, some definite information regarding the medicine within the package. If the doctor is so foolish as to prescribe such a medicine in the original package and without requesting that all labels and other printed matter be removed, it is the doctor and not the manufacturer who is to be blamed for bringing the in-

formation regarding his remedy directly before the eyes of the layman. By his own folly does the doctor suffer. Many doctors endeavor to make it plain, in every instance, in the eye of the patient, as to just what medicine is being administered, just what the action of the medicine is, and all of the minute particulars relative thereto. The next time the patient has a like trend of symptoms, instead of visiting the doctor he goes to the drug store and gets his medicine, as he knows, or thinks he knows, just as much about his case as does the doctor. He has been educated in the use of some proprietary and finds it unnecessary to ask for professional information. Again, he finds a friend with a like set of symptoms and tells him all about this medicine that Doctor Fool has prescribed for him and that if he will go and get a bottle and follow the directions upon the label thereof it will make a new man of him.

No doctor would think of telling a patient to go to the drug store and get a bottle of tincture of belladonna, or tincture of aconite, or other potent drug, and take it practically as he pleased. Of course not. If he found indications for any such medicine he would write a prescription, and undoubtedly would say but little of its potency to the patient. He might as well, however, tell the patient to go and get an original package of either of these tinctures and take the medicine according to the printed direction upon the label. If he did this, even these simples would soon come under the head of nostrums, for, like the proprietaries, they are plainly labeled, as to their indication, dosage and effect.

Nothing is said of the simple remedies, like calomel, for instance, which is employed daily by thousands and without even the semblance of an order from the doctor. Why is this not a nostrum as much as is the proprietary? Simply because of the fact that it is the product of every chemical fac-

tory and no house profits directly therefrom, and there is no ax to grind. Quinine has been employed for decades by the laity in self-medication, but no one has the temerity to call this cinchona product a nostrum, but it is as truly so, when marketed in this way, as is any other medicine, be it general property or that of one man, or set of men.

Not only have medical men been found fault with because of the fact that they have continued in using some of the proprietaries after their having been pronounced nostrums, but we find that this fault has been carried farther, to the advertising pages of such journals as have the temerity to accept publicity material and publish it, after the promulgation of pronouncements relegating such medicines to the junk pile, regardless as to whether they have been found worthy or not. Not only have the publishers been chided, but their contributors as well, for having anything to do with such "foul" advertising,—the publisher for printing it, and the contributor for allowing his writing to appear in conjunction with any such advertising matter.

Many medicines are pronounced to be nostrums simply because of the fact that a few laboratory experimenters have found them to be **inactive when administered to healthy animals**. Not infrequently has it been found, **by clinicians**, that when these same medicines have been **administered to sick humans**, **all of the effects attributed to them have been noticeable**. Thus, in spite of the fact that many remedies are called nostrums by the chemist in the laboratory, they are known to be otherwise by the clinician at the bedside of the sick man.

We are told not to employ certain proprietaries, as such, as they are practically worthless, but at the same time we are advised to use something similar, made by our corner druggist, the working formula of which he will be

able to find in one of two recipe books, devoted to the manufacture of pharmaceuticals. The proprietary is a nostrum, but not so the substitute, made by our friend the druggist. We are told that we know just how the latter is made and just what goes into its manufacture, but are we not as relatively sure when to accept the word of the honest manufacturer? It would seem that way.

Today we find a certain manufacturer marketing specially standardized products of ergot and digitalis, and presume that a vast number of the doctors are specifying these two products of this particular house, thus making them proprietaries in every sense of the word. It remains to be seen whether or not these will not, sooner or later, be classed with the nostrums. If the maker does not take care they will surely fall into that class, providing he is not careful to omit everything in the way of literature when packing them. As he is making superior articles, he should by all that is good and holy, be allowed to tell the profession all about his products, but if he does, he must be careful, lest he fall among those who pronounce all things bad, if they do not conform to the ideas of a certain few.

Of course there are certain proprietaries marketed which are little, if any, better than patent medicines, but it is the doctor's own fault if he prescribed them, and every doctor who knows anything at all knows which fall under this class.

The hue and cry now is, "Use only those medicines mentioned in the N. F. and U. S. P.," as they are simple things, and this in spite of the fact that many of them are substitutes for many of the much-hated nostrums, so called. How much consistency is there in an argument of this sort? Absolutely none. You are told to cast aside one article as being practically worthless and to accept one similar in every respect, and simply because of the fact that you are

told to do so, and for no other palpable reason. If you do not accept such command with alacrity, you are a pariah and are doomed to be thrown into outer darkness. You are given no credit of having a mind of your own, or being able to formulate your own opinions. You are just a nin-com-poop who does just as the other fellow tells you to, regardless of what your own observations may have been, relative to the use of many of the proprietary medicines. You are not supposed to know anything, despite the fact that your schooling and subsequent experience may be equal to that of your commander, among the "higher-ups." If he says nostrum, you repeat the word, parrot-like, and that settles it, no matter if you do happen to have just a little idea of your own, stowed away somewhere in the recesses of your cerebrum, which may argue to the contrary. No, you want to "be in the swim," so you "sit tight" and do as the other fellow says, regardless, and thus you become one of the "elect," but you **lose your independence**, and your brother on the outside who considers that he has a mind of his own, thinks but little, if anything, of you.

GEORGE L. SERVOSS, M. D.
Gardenerville, Nevada.

THE ETHICS OF ADVERTISING.

We have on several occasions invited our subscribers to bring to our notice any advertisements in our Journal to which they rightly or wrongly take exception, stating that we were prepared to investigate such complaints, and if proved to be fraudulent or clearly non-ethical, to expunge them from our pages. **No one subscriber has as yet made any complaint.** The following appeared as part of an advertisement in the December, 1911, issue of the Rocky Mountain Druggist:

"Attention, Druggists and Drug Clerks—Please send us a list of your friends and customers, and we will mail each a copy of our 1912 Antikamnia Calendar Free, on January 1st—with your compliments. Write name and address plainly."

Physicians and surgeons will note that the Antikamnia advertisement does not appear in this Journal.

WHITE SLAVERS—UTAH'S RECORD.

For their splendid record made in the prosecution of white slavers of the human brutes, male and female, who traffic in shame and dishonor, the federal officers in Utah are entitled to the highest possible mead of praise. Since April 1, 1911, less than one year ago, ten persons have been convicted in the Federal Court of Utah for this crime, of all crimes the worst, and eight of them were sent to the penitentiary. United States District Attorney H. E. Booth and United States Marshal James H. Anderson have covered themselves with glory by the successful manner in which these cases have been prosecuted to a successful conclusion.

There can be no question that the practice of white slavery is the most despicable of the various ramifications of criminal activity with which the authorities of the federal government of the various states have to deal. Girls who have not yet entered their teens have been lured into a life worse than death, have been passed from one state to another by means of an organized and diabolical system of criminality that staggers credence, and have coined money for the fiends in human form who have been responsible for the traffic. Earnest-minded men and women have been endeavoring for years to awaken the public conscience, but it is but recently that their efforts have been crowned with the reward they deserve.

Among the cases which have been successfully prosecuted here are those of two women, whose acquaintance with the life into which they were leading others of their sex bred no sympathy for their unfortunate sisters, but rather strengthened them in their resolve to coin profits from the exploitation of shame and from the traffic in virtue. These human harpies, worthy representatives of the awful entity woman may become when virtue deserts its throne, exhibited the depths to which the sex may fall. Not content with their own share in lowering the standard of civilization, by displays of jewels and fine clothing, they lured members of their own sex, in several instances young girls, into the life they knew to be a living hell and which holds hopes of nothing better to come.

In the part they have played in decreasing the vile traffic, the federal officers of Utah have demonstrated that enforcement of law is possible when intelligence is combined with earnestness of purpose and when the jurist on the bench co-operates heartily in fixing the punishment with a severity that will serve to deter others.

Continuation of this policy will aid in cleaning Salt Lake, but there is still much to be done. The local authorities should take a leaf from the book of the representatives of the United States government and perform their share in driving from the city, either into the penitentiary or elsewhere, the exponents of this crime which students of theology have come to believe is the mysterious unforgivable sin. Let all the authorities of the community resolve that, so far as in them lies, they will blot out the traffic and punish those who subsist from it.—Herald-Republican, January 9, 1912.

MEDICAL ETIQUET AND ETHICS

A stirring meeting of the Salt Lake County Medical Society was held on the

8th of January, when a stricter observance of professional etiquette and the elimination of unethical criticisms of one another was agreed upon by physicians and surgeons present.

It was pointed out that members of the legal fraternity have nothing but good to say of each other, while some physicians are wont to decry their colleagues at the slightest opportunity.

The doctors also discussed the question of a sliding scale of fees to suit more adequately the means of patients. It was suggested that a man receiving \$100 a month should be given a discount on his account of at least ten per cent.. Patients earning less should be treated more liberally, it was decided. The collection of fees also was discussed.

Dr. Frederick Stauffer presided, this being the first meeting of the society since his elevation as president. Dr. T. A. Flood, also recently elected secretary and forty members were present. Dr. Stauffer called for a greater discretion in the discussion of one another professionally. He declared that criticism of one doctor by another did not injure the latter, but worked interminable harm to the body as a whole. He cited the fact that Salt

Lake lawyers never refer to brother attorneys as unscrupulous and dishonest.

The speaker scored the practice so prevalent among the physicians of decrying each other's ability and skill. "There is room for us all," he declared, "and if there is not the ethics of the profession should come before material gain."

A lively and interesting discussion followed, in which Dr. C. T. Gibson and Dr. H. W. Mayo took the lead. The difficulties of physicians in collecting their accounts was discussed.

Dr. Joseph F. Richards, who recently returned from Berlin, where he attended the clinics of Professor Bier, compared the German and American methods of operating. Dr. A. J. Hosmer led the discussion that followed.

The following new members were elected to the society: Dr. E. F. Chamberlain, Dr. W. T. Ward, Dr. Clarence O. Openshaw and Dr. D. L. Barnard.

The following committees were appointed: Program for scientific work, Dr. Clarence Snow and Dr. J. E. Tyree; public health and legislation, Dr. Ralph T. Richards, Dr. W. R. Tyndale and Dr. Sol G. Kahn; revision of the by-laws, Dr. D. H. Lewis, Dr. J. O. Evans and Dr. E. E. Wilcox.

DEPARTMENT OF EUGENICS

ONE BANE OF PRUDERY.

DR. G. HENRI BOGART,
Paris, Ill.

She was a proud social and intellectual leader in the little city, late past the fifty mark, unashamed to acknowledge her years, and when she asked me to step in and chat a bit, it was no unusual occurrence, and I was prepared to listen to a discussion of the last read book—usually some classic—or consideration of some phase of her club work.

But, when she asked me, an insistent tremor of pathos ringing through her voice, "Why is it that so many men, after a life

of probity and virtue, when they pass life's divide, start the downward path morally as well?"

I paused for a moment to get my bearings.

It happened that her husband, who had been the average respectable man, had lately taken up with some of the commonest of the lewd women of the town, and that he was so unsophisticated, "green," that the small boys had caught on (boys nowadays know far more on sex matters than they

are credited for, and that, too, mostly distorted, evil knowledge).

We, his familiar friends, were wondering how soon he would limp downtown, carrying a cane to ease an unexplainable "sprain," the women at social functions would whisper among themselves when the wife entered, the while he stood as high as ever in the community, through the unconscious operation of the "double sex standard" lie.

I asked whether she wanted me to answer her question in platitudinary way, or did she want the full truth in seeming brutality of frankness.

"Oh," and the tears stood out through her tones, "tell me all, all."

I replied that false ideals are at the bottom of all this special form of misery, which is far more common than is usually believed.

The boy learns early, before he knows aught else of the function, that manhood is measured by sex prowess and virility; he hears foul tales, having for their sole feature this nasty lie, and with the passing of life's noon he is stricken with dread at the seeming waning of his sex power, his "manhood."

So ingrown is this falsity, that the gravest objection to the sterilization of the unfit is the statement, "You have no right to interfere with a degenerate's manhood." (?)

I use the word "seem" advisedly, for in reality the man whose sexual powers have been conserved along the lines of decency and physiological limits, while he may lose in frequency, will gain in the satisfaction of gratification sufficiently to make the compensating balance.

When, however, under the false ideal of life and the misleading teachings of prudery, he feels that he is failing, he will seek the stimulus of fresh fields of conquest. The word conquest is but another manifestation of the conventional falsity of prudery.

As the man's life is entering this danger zone, the wife usually alters her status of womanly power and inclination; her menopause has decreased the already weakened tenor of her nature; a weakness because that under the false social standard she has never had the function properly cultivated, and now, when he most needs the tender and careful ministrations of the wife, in the

fulfillment of the nuptial contract, he meets with indifference and apathy.

She interrupted me, "You are like all the men, you are harking back to Adam and trying to throw the blame on to the shoulders of the woman."

She is a notable housewife; her table linen is immaculate and dainty; her silver and china are both artistic and glittering with care; her menus are a never failing source of surprise and pleasure to those fortunate enough to be her guests.

I said to her, "You are notable for the elegance of your hospitality. Suppose that your husband were to come home, weary and hungry, and you were to go into the pantry and snatch handful after handful from roast, fruit, pastry, ices, to throw all into a dingy pan, then after pouring coffee and sauces over the mess, you were to toss the pan carelessly on to a bench with the words, 'There's your supper,' or that you should say, 'You know where to find the pantry, and if you want anything, help yourself.' How long, under such conditions, would the harmony of your home be preserved?"

"Why, he would have me before an insanity commission in short order," was her astonished reply.

"You would not blame him were he to take his meals at the hotel or the restaurant?"

"No; but I fail to see the connection."

Then I told her of the two great appetites which in reality rule the actions of the world of material folks—how I like that good old-fashioned word, "folks."

I told her that the food desire is for the preservation of mankind in the selfish individual, while the sex hunger is for the preservation of the race. Both are proper, both are necessary, both are God-given.

The evolution of civilization has placed the former on a high esthetic plane, and relegated the other to a degradation where it is considered unmentionable.

Yet, the latter, the sex impulse, is the unselfish, the impersonal action. To prepare for it, to encourage its fruition, we have established the home, with all its aroma of clinging gladnesses, with its pure, sweet enticings of environment; we deck and beautify the body, with its residential mind, to make the person "good to look

upon"; we have built up the grand, complex life habits of the world, and it is best to glorify the home whose cornerstone is marriage, and marriage is, per se, a contract, a God-given sacrament, intended, primarily, for the procreation of descendents, with whatever else of whim or wisdom the contracting parties may add for its embellishment.

We sing, 'What Is Home Without a Mother,' and we debase even the thought of the propriety of discussing the act of motherhood. And the sexual relationship, for which all this is designed, which is its sole foundation (though not with our conscious volition), must not be considered, not talked about, nor even allowed to enter our thoughts, for "it is impure."

The canon law recognizes the fact, for it provides fully that the partnership may be dissolved for adultery, though it allows to the wife the power to condone the offense, but when one of the partners displays impotence, sterility, or the infection of the black plague, it takes from her this privilege of condonation, as the failure of the prime object of the marriage is an assault on the comity of the body politic.

Few of those who administer these laws, or who make statutes for its enforcement, recognize the basic principles upon which it is founded.

Woman has been taught that she should repress all womanly desires and intuitions until the long line of environments, which in the end become hereditaries, has actually fitted her into the groove of living the false standard, spontaneously.

She interrupted, "What has all this to do with my question?"

I told her that the wife, who most probably through all of her married life has failed both to herself and to her husband in nuptial duty, when his danger period appears becomes yet more lax.

When he is most in need of her tender care, to protect him from himself then she carelessly sets her nuptial table with the scantiest of cold scraps, or else, with expressions of loathing and contempt, allows him to "help himself."

"What should she do?"

I made answer that the courtesan presents all the blandishments with which art and nature may equip her, as a matter of business, to attract her victims, precisely

as the landlord serves food and pleasant surroundings for his hotel, and these the wife in the citadel of home, should meet as part of homekeeping.

"You lose sight of the moral side of the question."

"The moral forces are presumed to be working all the time, and, really, I consider what I have just said to be a part of the moral issue, the keeping of a contract. The wife should render herself as attractive as does the lewd woman."

Indignant? Dear me, yes; her words fairly hissed, "Then you would have a good woman resort to the wiles of the dissolute?"

"In a measure, yes; not only that, but more so. I would have her eliminate all of the grossness, all of the counterfeit, and at the same time to add all that true womanliness may be; for the sexual act, relieved from gross bestial horror, controlled and pure, actuated by love, is the sweetest, dearest, holiest relationship known to humanity, and should be approached with reverential attitude by both the conjugal pair, whom 'God hath joined together,' with full determination that it be complete and perfect."

"Then you are blaming me?"

"Please to explain."

"You have recognized that my question is personal, that I mean my own husband. Frankly and fully tell me how I may hold him, wherein I have failed in my duty."

I carefully gave her the desired information, and was much gratified when he, so far as the world of gossip could determine, returned to the allegiance of home and no more sought for "fresh ducks."

I wrote a short sketch of the case for a journal, and was astounded at the voluminous correspondence which ensued. Women whose physicians had suffered them to read the paper wrote asking "How?"; one woman wrote that it had saved her home from wreckage, and that she had copied the story to present her daughters at marriage, and the dean of a woman's college asked permission to incorporate it into a booklet for presentation to the graduates of the institution, which permission I gave her.

In view of these facts I am now giving the full report, with the explanation of the method to the profession.

My prescription was certainly ethical, it removed an atrophy of function, and gave

to certain organs their full physiological action.

The Greeks, with their deep and delicate insight into life's philosophy, have one beautiful parable-myth, the marriage of Cupid (love) with Psyche (mind), the persecution of the married pair by Venus (mere amor-ousness), and the triumph of the marital joy, when the mighty Jupiter welcomed them to Olympus and held the chalice of immortality to the lips of Psyche.

The sex appetite may be degraded precisely in the same manner as the food desire.

Try to picture some cave man of our common ancestry striking down his victim, tearing out the palpitating heart from its body and rending it with fiendish pleasure, while warm blood streamed from his ferocious features, adown his hairy breast. Contrast this with the courtly gentleman, with all the refinements of the amenities which we dub civilization as he partakes of an elaborate banquet, the while music and flowers and soulful companionship add the accessories of racial inspiration. We have developed to the utmost the amenities of the table, and it is well, but in the main we have neglected the more important function, relegating its consideration to ignominious disrepute.

The average man is prone to gratify his sexual appetite in manner similar to the savage of the illustration.

False ideals have held the woman to consider the manifestation of any desire, or pleasure of gratification as indecorous, as a necessary evil that she would fain dispense with were it not a forced concomitant of home-making. This training through the generations has become so quasi-normal that many live the lie; indeed, I know one sweet, pure woman who had borne two children before she had experienced orgasm, who came to me in alarm over the occurrence, and whom I was able to place in the path of true womanliness by a little advice.

Normally, sexual desire and power should be equal in the sexes. With many men, sad to say, we hark back to the era when woman was man's plaything and slave, a mere machine to gratify his lust, to be caged in a harem.

Conventionality today, with its hideous specter of the double standard of sexual morality, winks at the wrongdoing of the male; in fact, rather expects him to abandon the paths of virtue to some extent; while damning his sister, should even the shadow of reproach fall upon her—these bars are as cruel as the material iron of the harem window, while the foul tongue of gossip is a watchdog more implacable than the vile eunuch.

Few, very few, enter the marriage relation with but the faintest conception of the proper manner of procedure and accomplishment, and most are totally ignorant of its best purposes; their ignorance leads them

through life with no more of the humanizing element than has the bloodsmeared savage, revelling in his gruesome tidbit.

Like some of my correspondents; you are asking "How?"

The first preparation should be mental and spiritual.

The pair should jointly approach the nuptial offering as a sacred rite.

Each should come, filled with a desire to minister to the joy of the other as the olden priest purified himself with the bath and garbed himself in spotless raiment, typifying spiritual purity. Physically, there should be leisurely interchange of endearments, and natural warmth is kindled into a steady glow, caressing and fondling until the blaze of the altar and not the lurid rage of the conflagration, the brilliancy of the arc and not the baleful glare of the lightning's flash; and with it all decent, calm decorum should prevail.

"Drink slowly, sip life's varied cup,

And taste it as you go;

The daintiest half of all they sup,

The hasty never know."

In the act itself, the same aplomb should continue with gentleness and consideration.

There should be no undue haste, and as it usually happens that one of the pair is more active than the other, that one should exercise such restraint as shall insure that the supreme moment shall be mutual.

There should be no haste in breaking away from the embraces of love, the endearments should continue until the high tension of the physical system relaxes and the waves of transference of magnetic, or electrical, emanation shall have gained perfect balance.

Then will follow a glow of satiety, of love harmony that is indescribably happy, beautiful and soothing.

On the contrary, when the act is done violently and precipitately, there remains either a sensation of disgust and apathy or a craving for more indulgence, unfulfilled passion seeking cure—*simila similibus curanter*.

Such coition is equally harmful with masturbation, sometimes more so, when carried to its logical extremes with resulting excess, and is a prime cause of "lost manhood."

The man on whom this phase of the evil most operates is simply burned out with the rage of passion as the smith who overheats the forge destroys the iron when he goes beyond the welding heat.

It may be objected that the plan suggested is artificial; it is, and all of civilization is the same.

Because some olden ancestry of mine dwelt in a cleft of a cliff, or a hollow tree, robed himself insufficiently with skins, barks and grasses, and gorged to repletion when seed, roots or game came his way, and starved between times, is no reason why we should abandon our artificial houses, foods

and garments with the other comforts of this era.

The sense of physical well being, of appeased desire, following indulgence as described, is insurance against the evil of excess.

The man whose taste has been brought to the perfection of proper embraces of the loveliest nuptial altar is immune to the allurements of the common drab who has no more fascination for him than has the female of the barnyard.

We declare reciprocal love to be as necessary to the perfection of the sexual act as is the other person.

Without this it is but a form of masturbation, and in proportion as the passions are the more excited, may be more baneful in result.

Lacking in such mutuality, the marriage altar becomes all too frequently but the theater of a series of rape assaults, legalized to be sure, but heinous beyond words for expression.

The perfection of the act as partially described fills the actors in the beautiful drama with the perfection of conjugal peace.

The converse conditions are best illustrated by the following facts, culled from the 400-page report of the Chicago Vice Commission.

A resort in that city was raided, and the books captured and made part of the court records. Each of the eighteen inmates was given credit on the day book for checks turned in, the rule of the place being that half of the dollar charged belonged to the inmate and the other half to the owner. Weekly summaries were made, and a monthly balance sheet was struck in the ledger. This record extended from August, 1908, to June, 1910, a period of twenty-two months, and showed that these eighteen girls had entertained 179,599 men, or an average of slightly more than fifteen each day for each inmate.

Another set of accounts showed that during a great influx of visitors to the city in a place convenient to the crowd, each inmate had entertained sixty men daily during the meeting. These figures and details may be found on pages 99-101 of the report mentioned.

Two pages earlier in the book is the record of a case that went to the Supreme Court, where a 16-year-old girl was popular with the hardened denizens of the low dive where but 50 cents was charged, for the books showed that her average day's work was the entertaining of twenty-six men and boys.

Such women, amid such a riot of debauchery, can neither know, nor yield any of the true pleasure of sexuality.

The barest thought of consorting with such a one would be horribly repulsive to the man accustomed to love's perfect union.

I was about to use the terms bestial and

brutal, but pause to apologize to the brute, though she were the filthiest sow that ever revelled in a wallow.

With the most of the animals, coition is solely for the purpose of procreation, but with the human it is different.

As typified in the Greek myth, we have indication of the recognition of the fact that mind rules in the human animal.

The brute, not having the light of reason to control him, is protected by instinct, but with the man and woman the soul feeds upon this food of love, unless the mind allow the mere animal to overcome it, and the same act may be either the most elevating or the most debasing of all our material actions as we may each of us decide.

The knowledge and practice of sane, sweet conjugal connection would cement many a broken home, ease many an aching heart.

Every community has its homes wherein the under-current of life is a diabolical travesty upon Edenic happiness, because of careless, ignorant, savage atavism of sexuality.

Doctor, your instruction may save many such.

The question of the social evil, with its resultant invasions of the black plague, is becoming of such moment as to prove a national menace and the best of beneficent intelligence is enlisting in earnest effort to combat it.

And with all this, the evil grows by leaps and bounds.

The social evil is "business"; it has its system of accounts and like other business it depends upon the inexorable law of supply and demand, and the demand of today is such that the natural sources of supply are insufficient and have to be forced with white slavery.

The man who associates is guilty, far more guilty than his degraded consort, since with him the act is voluntary, with her mainly compulsion, whether that force be an insufficient wage, drug-knockout drops, the strong arm, or a traitorous courtship.

The moral and the legal forces have been marshalled against sexual crime since the Almighty slew Onan, and the horrible stream of filth pours in ever increasing volume into the placid purity of life's sea. Because these forces have not driven the horror out of existence is no reason why they should retreat from the firing line. When a great general knows his troops can not drive out a foe, he bids them hold the last ditch, while swift couriers hasten the reserves to their aid.

The best reserve in this combat of good and evil is open education that shall throw off the shackles of prudery and false modesty and teach purity as an element of personal well being and even as a matter of mercenary benefit as along the lines of communal economics, and private greed.

Each person who gives of his intensity to a given cause is prone to see that cause

loom before him as the one great panacea. Thus the church, to whom belief is sufficient guide, expects thus to control the evil, the courts with their wealth of stringent statutes can not comprehend why the majesty of the law has not swept the blot from the land, and the educator seeks to tell the erring of their wrong, and anticipates a millenium forthwith.

All three are honestly and earnestly trying to do all, and they are that much in error.

Some one said:

"There is so much bad in the best of us,
There is so much good in the worst of us,
That it hardly becomes any one of us
To talk about any one of the rest of us."

We need, all of us, to open our eyes a bit wider and to wipe out the moats from our moral vision so that we can see to recognize the other fellow as an ally, and not as a rival, and all work in harmony.

The man who has come to know and practice love's true acme of enjoyment will no more seek the embraces of the painted woman than would the cultivated epicure rob the Digger Indian of his nasty dinner of squirming worms and noxious insects.

Did all married couples know and practice the same, sweet and simple plan that I have outlined, the mass total of human happiness would be advanced, and the damning demand of the Moloch of society would be curtailed. I use the word Moloch advisedly; he was the god whose sacrifices consisted of the children in innocence, even as does the social evil.

Nor am I one of the reformers who declares his own hobby a panacea; it is only one of the weapons that may be used for purity.

The pioneer felled the forest, tree by tree, and each tree, chip by chip. Laws can only be enforced when the preponderance of public opinion demands enforcement, and every man won to the cause of right is one more unit in the balance, which must hang one way or the other. Prudery and false ideals of the sexual relation are only to be supplanted by honest endeavor, which at this time is shared by pure, earnest women, and the best intelligence of the medical profession.

American womanhood, having learned something of the fearful price that their innocent sisters are paying for the contamination of the monster, are banding and cry-

ing to the medical man, in tones choking with mingled blood and tears, "How? How?"

Shall we guide them with intelligent knowledge?

As a national characteristic, we howl ourselves hoarse with songs which, whatever their merits or lack as poems, breathe deeply the beauties of motherhood,—and it is well.

At the same time we frown darkly, frigidly on those who would think that we had allowed ourselves to think on maternity and conception or aught of the baby until it shall have been born, with all that prenatal influence and heredity may mean in their then unalterable coloration of the future left at haphazard.

We tell that "all the world loves a lover"; we invest courtship and marriage with all the glamour of idealism and abuse him who dare hint at the natural cause and purpose of these things; we joy with Longfellow over the "hanging of the crane," and rejoice with the Puritan pair when we gaze on the picture of the children who came to crown the home, and we weep when life is barren of the sweet lullabys of babyland; yet we held up our hands in holy horror when Mrs. Wilcox sang:

"Come cuddle your head on my shoulder,
dear,

Your head, like the golden rod,
And we'll drift together away from here,
To the beautiful Land of Nod."

Is it not time that the national genius shall give to the crowning glory of womanhood its own?

Shall we not rescue the consideration of sexuality from the filthy banal pool of scurrility and invest it with that sacred regard of which it is worthy?

Shall we not make of this, the most vitally holy relationship, a safeguard to the purity of the home life and one powerful factor in the elimination of the curse which will, if not controlled, sweep the best of the nation into the cesspool?

Let us as a race be honest, let us seek to educate the great mass mind of the nation away from the fraudulent filthiness of prudery and false modesty.

Let us teach the candidates for this priesthood of the nuptial altar that which shall enable them to fulfill the sacrament with a soul fully awake to the sacredness of woman's duty and man's obligations.

PIROGOFF, THE MASTER SURGEON.

R. ISRAELI, B.A., M.D.

Every country has her patron saint, her ideal of great citizenship, that personality in whom is concentrated whatever is finest and noblest in mankind, whom every one should strive to emulate, to worship. Pirogoff is such a man in Russia. Pirogoff is Russia's Hippocrates, the father of modern Russian medicine and of modern Russian surgery, the most rapid operator the world has known, the man who had every virtue, and apparently no vice.

The "divus" whose centenary they have been celebrating this year along the length and breadth of Russia's vast domain, Nikolai Ivanovich Pirogoff, was born November 13 (25), 1810, in Moscow. Nikolai was the "unlucky" thirteenth child in a family of fourteen; the fourteenth was evidently the "lucky" one, for it entered Paradise soon after its birth. The route which the young man had to travel was paved neither with gold nor with precious stones. His father, a treasury official, thanks to the theft of a subordinate which he himself had to make good, was ruined in Nikolai's youth, and died soon thereafter. Young Pirogoff, therefore, had his own way through school to pay.

Nikolai entered the University of Moscow, passing the entrance examinations brilliantly, at fourteen—though sixteen was then the lowest age limit. He chose medicine; but medical education was then at such a low level that he who was destined to become one of the world's epoch-making surgeons, saw during his student-career but a few lithotomies in children, and a leg amputation; and he himself, up to the time of his graduation, had performed no operation whatever, either on the living or on the cadaver.

Pirogoff, at eighteen, was sent to pursue his studies at Dorpat—now Yuryev—the famous old German University of Russia, then containing the best medical school in the Empire. He was sent by the government, for, public education being in government hands in Russia, the government sees to the perfecting of its teaching staff. Here he studied under Mayer, performed experiments on dogs and calves, and also operated on the living human being. From here he was sent abroad. Pirogoff studied two years in Berlin. Hegelism was then reigning supreme in Germany and in France. In Germany neither medicine nor surgery had anything to do with anatomy: Professor von Graefe—we have Pirogoff's testimony for it—would call in the anatomist, Schlemm, to tell him what tissues he was handling; Diffenbach completely ignored anatomy; he once cut out a piece from the tongue and sent it to Johann Muller for information as to what sort of mus-

cle it was; and Professor Rust once, while doing a Chopart operation, forgot the names of the astragalus and calcaneus. Langenbeck, in Gottingen, was then the only well-informed surgeon.

In 1835 Pirogoff returned to Dorpat, where he began to read lectures on surgery, working daily up to noon in anatomy on the cadaver. Here he surprised everybody by the skill and rapidity of his operations—doing a lithotomy, for instance, in two minutes: an item of vast importance in days

At the age of twenty-six Pirogoff became professor of surgery at Dorpat. Henceforth his reputation as an anatomist and as a surgeon became world-wide. In 1837 when he came to Paris to study under Velpeau, that famous surgeon cried: "It is not you who study under me, but I under you!"

In 1840, at the age of thirty, Pirogoff was transferred to St. Petersburg and made professor of Clinical Surgery at the Medico-Chirurgical (now the Army Medical) Academy—the foremost and richest medical school in Russia—the government's pet. Here he introduced the regular teaching of anatomy—and its application to medicine and surgery; an innovation not only in Russia, but in Germany as well. In the introduction to his "Anatomy of the Arterial Trunks and Fasciae," he indignantly deplores the neglect of anatomy by German surgeons.

Upon coming to St. Petersburg, Pirogoff invited Hyrtl's pupil, W. L. Gruber, from Vienna. And for forty-five years Gruber made anatomy the basis of medical teaching in Russia.

In St. Petersburg the young surgeon undertook his monumental work on "Applied Anatomy of the Human Body," printed in 1843, with a remarkable atlas, in-folio. In 1847 he published another anatomical work, for forensic physicians. In 1850 he published still another work on anatomy. From 1851 to 1854 he worked on his atlas—the only one of the kind in the world; the plates were made from frozen sections—a method invented by himself; the atlas consists of 220 plates, with 970 cuts, with Latin text, to make it universal. Only 300 copies of this atlas were printed.

Along with his anatomical and surgical activity in the medical school, Pirogoff always took a warm interest in field surgery. He served in the 1847 campaign in the Caucasus, a report of which, with atlas, he published in French in 1849. He took a very active part in the cholera epidemic of 1848, and did 1840 post-mortems, the results of which he published later, with a splendid atlas. During the Crimea war of 1854 he introduced extensive and talented reforms, and distinguished himself not merely as a

great surgeon, but as an equally energetic and gifted administrator.

Thanks to the co-operation of Grand Duchess Helena Pavlovna, he introduced the care of wounded by women. He was the first to introduce anesthetics on the battlefield, in the Caucasus campaign, and was also the first to introduce certain other reforms. The results of his twenty-five years' field work was his "Beginnings of Field Surgery," a famous work under a modest title.

During the Franco-Prussian war of 1870 the Russian Red Cross Society sent him to France and Germany to report on the condition of the army medical service there; the result was a report, published also in German. Later he executed a similar mission in the Russo-Turkish war, and published a report thereon, entitled: "Medicine and Private Aid at the Theatre of War in Bulgaria, and in the Rear of the Army, in 1877-78."

During the last year of his professorate he published in Leipsic, in German, his "Clinical Surgery" 1854).

Pirogoff's scientific work went beyond his anatomical and surgical specialties. During the fourteen years that he was connected with the Medico-Chirurgical Academy he read lectures on pathological anatomy, and made 1,100 autopsies. He also did a large number of physiological experiments on animals in connection with the ligation of blood vessels. In the Museum of Normal Anatomy, at the University of Odessa, are a number of manuscripts of his, undated, on that subject. One of 100 pages, entitled, "Digestio"; another of 86 pages, entitled, "Cor"; still another, of 28 pages, "Respiratio," treats of the mechanism of respiration. One of these manuscripts, written in a different hand, gives Pirogoff's method of doing certain operations, and the instruments he used. In the text, and on the margins, are corrections by Pirogoff himself. This manuscript treats of certain branches of operative surgery: "Amputation of the Lower Extremities," "Resections," "Tenotomy and Myotomy in General," "Expiratio Mammae," "Plastic Operations on the Lips," "Amputations."

Along with Pirogoff's library, donated to the University of Odessa, is also a large number of reports on patients treated by him since 1828; some are in Latin, others in German, others in Russian. Among these is a book wherein are entered the patients treated in Sebastopol in 1855; a similar one of those treated in Simferopol.

Pirogoff, in connection with his professorate, worked hard to reform medicine and surgery, both in school and in practice. This caused him many enemies. But the day came when his services to his fatherland were recognized, and the Society of Russian Physicians, a national body, is named after him.

When Pirogoff returned from the Crimean war he was made superintendent of education, first of the circuit of Odessa, subsequently of that of Kiev. His pedagogic career can be judged best from the "Collection of his literary-pedagogic articles," published in Kiev in 1861. He was as energetic and keen in his new field of activity as he had been in his old one of medicine and surgery. He advocated the solidarity between professors and students, and also university autonomy—a very live subject in Russia even today, because the government interferes there, too. As to woman he favored giving her freedom and higher education, provided she maintained her nature of the "eternal feminine."

Pirogoff died November 23 (December 5), 1881. Three months before his death the jubilee of the fiftieth anniversary of his scientific career was celebrated in Russia. Even during his life Pirogoff was duly appreciated by his contemporaries of the entire educated world—both as a genial scientific man, and as a physician; he was, besides, esteemed by his fellow-countrymen as a great thinker and instructor—one who had devoted all the energy and labor of his entire life, and of his creative genius for the benefit of his country. He is Russia's pride, and his fame will descend from generation to generation for many ages to come.

Library of the Surgeon General's Office, Washington, D. C.

Reprinted from *The Critic and Guide*, December, 1911.

REGULATION OF THE UTAH STATE BOARD OF HEALTH RELATING TO THE PUBLIC DRINKING CUP.

Whereas, The use of the common or public drinking cup is known to be a source of disease and menace to the public health,

Therefore, Be it ruled by the State Board of Health that the use of the common drinking cup on railroad trains, in railroad stations, in the public or private schools, and state educational institutions of Utah,

is hereby prohibited from and after February 1, 1912.

No person or corporation in charge of any railroad train or station or public or private school or state educational institution shall furnish any drinking cup for public use, and no such person or corporation shall permit on said train or at said station or public or private school or state educational institution, the use of the public drinking cup.

T. B. BEATTY, M. D.,
Secretary.

Denver Medical Times and Utah Medical Journal

VOLUME XXXI

MARCH, 1912

NUMBER 9

A BRIEF CONSIDERATION OF DERMATITIS EXFOLIATIVA, WITH REPORT OF CASE.*

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Dermatitis Exfoliativa is a term applicable to several conditions, and the definition varies somewhat in its extent, according to the observer. Some include only those cases answering to the type described by Hebra, while others include cases which succeed widespread attacks of other skin diseases (1) The chief symptoms are as follows: an inflammatory disease of the skin involving the whole cutaneous surface and characterized by redness, dryness and abundant desquamation.

The primary dermatitis exfoliativa, or as Hebra terms it, Pityriasis Rubra, occurs without any antecedent disease and is spoken of as usually fatal. It begins as one or more erythematous patches in the flexures of the joints, on the chest or elsewhere, and gradually enlarges. New patches develop and join the original ones. In this way the entire skin becomes involved in from a few days to a month. At first the skin is dry and a bright red; in a few days scaling begins and the color changes to a darker red, or even violaceous hue. There is usually marked enlargement of the glands in the groins.

This disease is chronic and the desquamation constant, though marked with exacerbations. The mucous membranes participate in the disturbance; the tongue becomes markedly red; the lips cracked, and nasal secretions increased. After varying intervals there is a certain amount of infiltration and the skin looks stretched and shiny in places. Thus is produced ectropion,

and a puckered condition about the mouth. When ectropion is present conjunctivitis is usually associated with it. Although the patient looks like a boiled lobster, and shovelfuls of scales may be removed from his bed in the morning, the skin really **feels** but little affected. (2)

Etiology: At present we cannot speak with any degree of certainty as to the actual cause. It is a disease of adults. It may occur in children, although very rarely, and is rather more common in males than females. It has been thought to be predisposed by alcoholism, gout and rheumatism. There may be a history of scaling skin disease in the family. Jadassohn claims tuberculosis to have had an influence in a number of his cases. (3) Crocker inclined to the belief that a bacillus or its toxin would be found to be the causative agent. (4) Shock and a number of other causes, about which nothing can be proved, have been instanced as influencing an attack, but candidly we know nothing of the real cause.

Secondary Dermatitis Exfoliativa: A condition of the skin exactly resembling the primary form is seen occasionally to follow or develop from psoriasis, eczema, lichen, dermatitis herpetiformis, or erythema multiforme, and from many external irritants. Probably it follows, more commonly, psoriasis, especially if injudiciously treated with chrysarobin, than any of the other above mentioned diseases. Developing in some mysterious manner, cases occur

*Read before the Denver County Medical Society.

during the course of a night, and the disease undergoes a complete transformation, and the patient, who at one visit was suffering from psoriasis, is found at the next to be the subject of a typical Dermatitis Exfoliativa. (5)

whole the skin is atrophied, the inter-papillary processes of the rete and the papillae are distorted or obliterated, the follicles have disappeared and there is an abundant deposit of pigment in the corium. (6)



Dermatitis Exfoliativa.



Dermatitis Exfoliativa.

Pathology: Histological examination shows the disease to be a dermatitis, at first quite superficial. In the advanced cases there are sclerotic changes of a chronic superficial dermatitis. As a

Prognosis: This is grave, especially in those cases which arise spontaneously. Many cases die, some directly from exhaustion, others from some intercur-

rent disease to which the weakness has predisposed. The chronic hyperemic condition of the skin renders the patient very susceptible to cold, and pneumonia is frequently the cause of the fatal issue.

Report of a Case of Dermatitis Exfoliativa.

F. A., male, white, single, age 24; occupation, broker's clerk. Born in Plymouth, Mass., and at present a resident of Boston.

Family History: Parents and one sister living and well.

Previous History: The usual diseases of childhood, occurring from the ages of 6 to 14 years, in the following order, viz.: Scarlet fever, pertussis, parotitis and measles. Five years ago an attack of Dermatitis Venenata from contact with poison ivy, with complete recovery in ten days. Fifteen months ago became infected with lues and was under treatment by his family physician for that ailment for one year, but had taken no treatment for the last three months. No clinical manifestations of lues in evidence on admission to the hospital. Negative Von Pirquet; Wassermann reaction negative. Has indulged moderately in alcoholics for the past three years.

Physical Examination: Well developed and fairly well nourished. Heart and lungs, negative; abdomen, soft and lax, no masses felt or tenderness noted; knee jerks present and not exaggerated; other reflexes, normal. Sensations of heat somewhat decreased, while those of cold were correspondingly increased. Slight deafness present in both ears. General condition below par. Memory somewhat impaired.

Urinalysis as follows: Color, amber; reaction, acid; specific gravity, 1016; no albumen, no sugar, strong trace of indican.

Blood Examination: Hemoglobin, 95; reds, 4,600,000; whites, 8,000; mon-

onuclears, 42%; polynuclears, 53%; eosinophiles, 5%.

Present Illness: Duration, began two weeks previous as a somewhat generalized dermatitis of back, shoulders,



Dermatitis Exfoliativa.

arms and legs, and with several large blebs about the ankles. This condition followed exposure of some two hours duration to the sunshine while swimming and resting on the sand. The patient states that poison ivy was growing in the field through which he passed, both going to and returning from the shore, but that he has no recollection of coming in contact with the ivy.

When I first observed the case, on his admission to the Massachusetts General Hospital (7), only a few remaining frills of epidermis about the ankles

indicated the former location of the blebs. The entire skin was quite erythematous, the color ranging from a decided red to a violaceous hue. The entire person was covered with small and large scales, some of which were closely, and some very loosely adherent; the large ones being attached only by the upper portion and with the edges curled up. On the forearms, about the eyes, and in the flexures, there was much oedema present, taxing the elasticity of the skin to its utmost, and from these areas more or less moisture was oozing almost constantly. The hair of the scalp, eyebrows and eyelashes, the axillae and about the genitals was quite dry and lusterless and coming out freely. Perspiration had practically ceased. The nails showed slight pitting, and were opaque, thin, dry and brittle.

The patient was subject to frequent chilly sensations, although covered with blankets, and the temperature of the room ranging from 68 to 70. He slept very poorly and at times the pruritus was intense. The appetite was voracious, and the digestion apparently unimpaired, but notwithstanding this there had been quite a little loss of weight.

Treatment: As many remedies and methods of treatment had been reported, none of which gave perfect satisfaction, we resorted to prolonged hot starch baths, followed by olive oil inunctions as recommended by Crocker. This treatment was continued for about five weeks and afforded much relief and comfort, but as there

were no apparent beneficial results to the cutaneous manifestations, a plan of treatment as reported by Mook (8) was adopted, viz., administration of large doses of quinine. The patient was given two grain doses of quinine hydrochlorate every three hours, increasing four grains daily until a maximum of forty-eight grains was attained. This daily dose was continued for five weeks, then decreased to twenty grains daily, and then brought back to the original maximum by the same daily increase. At no time did the patient give any evidence of cinchonism beyond a slight ringing of the ears. Beyond keeping the skin liberally dredged with a powder consisting of zinc oxide one dram, to pulv. starch one ounce, there was no external treatment applied. At the end of three months, after several very abrupt relapses, the patient was much improved, and passed from my observation.

Bibliography.

1. Jackson—Diseases of the Skin.
2. Walker—Introduction to Dermatology.
3. Crocker—Diseases of the Skin.
4. Ibid.
5. Walker—Introduction to Dermatology.
6. Pusey—The Principles and Practice of Dermatology.
7. Dermatological Case Records, Mass. Gen. Hospital.
8. Mook—Journal Cutaneous Diseases, Sept., 1910.

PHASES OF ABDOMINAL PAIN IN TYPHOID.

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It is a well established fact that typhoid fever varies greatly in the severity of its manifestations from year to year. At times certain symptoms are so emphasized that the disease may be and often is mistaken for meningitis, bronchitis or pneumonia, the acute forms of tuberculosis, appendicitis or cholecystitis as well as other ailments.

We may meet a long series of cases, which presents no serious difficulties. A succession of cases terminating happily under a certain line of treatment, is too apt to raise an unwarranted opinion as to the treatment's merits, so that we overlook the mild character of the invading organism.

A success of this nature does little to stimulate a physician to study the more intimate phases of disease, but like the "drowsy twinklings" lull the placid mind. Governor Stubbs of Kansas, so he says, attributes much of his success to his enemies. In a like manner one unfortunate result may be a greater incentive than ninety-nine good results, which readily yielded to treatment. Such an exciting cause actively at work the past two seasons has led me to look more closely into the various phases of abdominal pain as it is presented at the onset and during the course of typhoid fever. For statistics relative to this subject as well as for many data I am indebted to McRae's splendid article in Osler's system.

Abdominal pain, not including the more or less characteristic right iliac tenderness, is present in about 60 per cent of all cases; at the onset in about 30 per cent, and during the course in 30 per cent, so that there are only four in ten who escape some manifestation of this symptom. Fourteen per cent

show right-sided tenderness without other pain.

Before taking up the various pains dependent directly upon this disease, it is well for us to bear in mind that a patient with typhoid is not necessarily immune to other forms of abdominal pain. In this manner a patient may have gall-stone or renal colic, an exacerbation of true appendicitis or gastric ulcer. Chronic pelvic trouble may become aggravated, while menstruation, abortion or early miscarriage may complicate the situation.

Considering some of the causes which lead 30 per cent of all cases to have abdominal pain at the onset of the disease, let us stop first at gastrointestinal disturbances due to errors of diet, or possibly a too free purgation.

Lack of appetite is a prominent symptom in all acute infections, and especially so in typhoid. Many patients, especially before seeing a physician, neglect this nature's warning, and in an endeavor to prove themselves not ill, partake of food incompatible with their digestive ability. Too free purgation may likewise cause trouble, with or without the physician's advice. Interference with the bowels is often ill-timed, especially when we remember that patients who are constipated ordinarily do well. Later in the disease the gastric mucosa undergoes certain interstitial changes, so that in addition to the functional depression due to the toxæmia, the stomach is organically incapacitated.

If the onset of typhoid is complicated with pneumonia, and diaphragmatic pleurisy, we may have severe abdominal pain, as is often seen in straight pneumonia. Typhoid will not likely be suspected at this time, the more likely

mistake being a diagnosis of some acute abdominal trouble.

At the onset of the disease the toxic products in the circulation are often emphasized by the production of headache, backache and other somatic pains. It is at this stage and this time that the same condition may result in a marked hyperaesthesia of the abdominal area. The mental faculties are now alert and sensitive to the toxæmia, which, when expressed as a pain and hyperaesthesia of the cutaneous abdominal nerves, is very apt to mislead us, especially when the onset is sudden. This class of cases are frequently explored for organic disease of the abdominal viscera.

An instance in point was the case of Mrs. R. F. H., a young woman not of neurotic temperament, who was taken sick on the 9th of August, 1910. She had been fairly well, although a few days earlier had some little trouble with an attack of diarrhoea. She had a history of gastric ulcer of several years' standing; this, however, had been latent for nearly two years. She was now three and a half months pregnant. The pulse was 110, and the temperature 102.3°. She was having severe pain in the abdomen, especially on the right side, which radiated down to the back, while tenderness over the same area was marked. During the night she vomited profusely and the pain was severe. The next morning all symptoms were aggravated. Tenderness was exquisite in the right abdomen. The pulse was now 120 and temperature 104.5°. There was no tympanites nor imitation of abdominal respiration. Indications of some acute abdominal disaster were present to an extent that two consultants deemed it the wiser course to explore the abdomen. Typhoid fever at this time did not enter into our calculations. On exploration conditions were found to be negative. Like most typhoids, she stood the operation well and made a good recovery, the abdominal pain and

tenderness being marked throughout the entire course of the disease. The significant points in this case were, the sudden very acute onset with abdominal pain, tenderness, rigidity, and vomiting, as affirmative signs; while negatively there was no development of tympanites, and absence of spastic rigidity, as evidenced, not by the hand, but by the freedom of abdominal respiration. During the course of the disease, enlargement of the spleen, enlarged or suppurating mesenteric glands, diarrhoea or intestinal obstruction, meteorism, cholecystitis, cystitis or urinary retention, and iliac phlebitis may cause various grades of abdominal distress. The pain of iliac phlebitis is often severe, with tenderness extending down the leg; the abdomen has been opened several times for this condition. Urinary retention is not infrequent, a result of the toxæmia, and causes more or less uneasiness according to the grade of the mental intoxication.

The gall-bladder is a favorite hunting ground for the typhoid bacillus, reaching this organ by way of the portal circulation and the liver. Cholecystitis with distress in the region of the gall-bladder may be an early symptom, as instanced in the case of our esteemed confrere, J. K., who, at the time, regarded this symptom with considerable disfavor.

Meteorism is a cause of abdominal distress rather than pain, and is usually an ominous sign. When it is at all marked, it follows a disabled condition of the intestinal musculature due to the severity of the toxæmia. Twice I have observed the same condition in pneumonia, where the toxæmia was intense. Both cases were fatal, although the physician in charge of one of these patients was administering two compound cathartic pills every four hours to overcome the intestinal inertia.

It is an unfortunate thing for the typhoid patient that hæmorrhage is

so often attended by pain. McRae says that abdominal pain with hemorrhage is not uncommon and may be severe. According to Curschman, pain attended haemorrhage in 14 out of 36 cases. In 30 cases of haemorrhage 6 had perforation. If therefore, we have pain with haemorrhage, it is necessary to be doubly careful to exclude the possibility of perforation. Our attention and therapeutic measures are taken up by the dominant and dangerous symptom of haemorrhage, and if the patient be rather toxic and if opiates be given to control the intestinal action, the reaction to pain will be notably lessened, and the initial symptoms of perforation may escape our attention.

While peritonitis has been stated to occur as a result of a ruptured suppurating mesenteric gland, and also said to occur idiopathically, or by direct extension, yet the common cause is intestinal perforation. Occurring usually at the end of the second or during the third week, it may be an initial symptom, and has been registered as late as the one hundredth day. The only hope for the patient lies in its early diagnosis, as the almost invariable rule is for the peritonitis to become rapidly general. While perforation has been compared to and sometimes comes like a bolt from the blue, yet it is mostly to be feared in the severely toxic cases, those with diarrhoea and those with haemorrhage.

Before the advent of the present era in abdominal surgery, the symptoms of perforation were merged into those of the resulting peritonitis. Now we have a clear differentiation. The most characteristic symptom of perforation is sudden and severe abdominal pain. The pain comes in paroxysms with short intervals of freedom. It is located in the lower abdomen and towards the right side, in the male frequently darting into the penis. Rapidly consequent to this pain, is an anxious,

worried expression. Vomiting may follow with chills or chilly sensations. Pulse and temperature may show little or no variation and cannot be accepted as an accurate guide. Next in importance to the pain is the abdominal tenderness, which may be well localized or general. Respiration is apt to be quickened and the abdominal excursion slightly limited. Rigidity and spastic muscles are usually not present except during the paroxysms of pain.

These symptoms of perforation are due to the irritation of the extravasated intestinal contents on the visceral and parietal peritoneum. With the peritoneal reaction in the course of a few hours, symptoms of peritonitis develop. The abdomen becomes rigid, the muscles assuming that hard, resistant quality due to the tonic contraction. Tenderness is marked on deep pressure, while the pain becomes constant but less severe. Sweating and pinched expression of the Hippocratic face are features. Tympanites and absence of liver dullness develop with the formation of gas in the peritoneal cavity. Vomiting, hiccough and constipation are present as in other forms of peritonitis. Pain and tenderness associated with vomiting form a suggestive combination, when the pain is acute and paroxysmal, convincing, especially if the mind is clear and the mental faculties alert.

In three cases of perforation the past two seasons, one occurred at the onset, the first day the patient was in bed. This case presented all the classical symptoms, was operated on, and made a good recovery. The other two cases presented such a combination of symptoms, that the diagnosis seemed doubtful, and the patients were lost.

The combination of symptoms which rendered the diagnosis uncertain until too late, seems worthy of serious consideration. The clinical picture, in these two cases, both young men, was that of marked toxæmia, haemorrhage,

and abdominal distress rather than pain. Neither case showed special tenderness, nor rigidity. Both developed excessive tympanites, absolute constipation, hiccough and vomiting.

The fact that abdominal pain occurs with hemorrhage is a misleading condition, especially as we are apt to concentrate our attention on the latter symptom. Again when the mind is befogged with the toxic products of the disease, the receptive faculties cannot interpret, and do not express the pain of perforation to the same extent or degree that they can early in the disease, or when the mind is comparatively clear. In some cases of toxæmia it is not hard to believe that the pain of perforation would make no impression whatever on clouded brain centres.

The shock of a large hæmorrhage occurring at the same time as an intestinal perforation, might tend to lessen the force of the initial pain, especially if the blood, a fluid of bland character was extravasated into the peritoneal cavity, thus diluting the irritating qualities of the intestinal contents.

In reply to a personal communication, Dr. Thos. McRae of Baltimore said: "In reply to your question as to the influence of typhoid perforation with hemorrhage, I should not say that the symptoms of perforation itself were altered, but the problem is confused by the fact that hemorrhage may give at first symptoms very much like those of perforation. One may easily attribute them to hemorrhage, when they are in reality due to hemorrhage plus perforation. As regards marked toxemia, this may obscure symptoms entirely, if the patient is very toxic, there may be no complaint of pain and really nothing to suggest perforation until marked signs of general peritonitis occur, or it may not be discovered until autopsy. I think we have to recognize that with marked

toxemia it may be quite impossible to recognize perforation."

Dr. Lewellys F. Barker of the same city made answer: "It is not at all uncommon to have perforation occur soon after intestinal hemorrhage in typhoid fever. The great danger is that physicians will overlook the perforation, owing to the fact that their minds are intent upon the hemorrhage. This is especially likely to be the case if morphine be administered, inasmuch as it masks the pain, which is the one most important symptom pointing to perforation. In marked toxemia perforation may occur without pain, owing to the dullness of the psyche. In such cases the physician needs to be on his guard for signs other than pain suggesting perforation."

Dr. J. N. Hall has "seen a case with profuse hemorrhage, failure of any attempt at reaction, and death before perforative signs in the abdomen appeared." In marked toxemia he has "found a failure to show pain, hence diagnosis was missed for a time. Tenderness and especially rigidity still show and should be sought."

In a large group of cases, about 40 per cent, the cause of the abdominal pain cannot be discovered. In these the patient should be kept under close observation and the possibility of perforation excluded. Osler lays stress on the well applied turpentine stupe; it will relieve many pains in typhoid, but not those due to perforation. We should be warned against the use of opiates, especially if our diagnosis is not clear; their routine use in hæmorrhage is likewise to be deprecated.

Regarding the use of opium in abdominal pain, McRae quotes a sentence from Macaulay which seems peculiarly apropos: "Profound and ingenious policy. Instead of curing the disease, to remove those symptoms by which alone its nature can be known. To leave the serpent his deadly sting and deprive him only of his warning rattle."

TRAUMATISM AND RUPTURE OF THE URETHRA AND TRAUMATIC STRICTURE; MANAGEMENT; REPORT OF A RECENT CASE.

JOHN LINDAHL, M.D.,
Denver, Colo.

The posterior curve of the urethra and its junction with the anterior, chiefly concerns us in traumatic strictures. It begins at the neck of the bladder and ends at the anterior part of the triangular ligament under the pubic arch, which serves as a suspensory ligament. It is fixed to a certain extent, and corresponds to the arc of a circle, with a radius of 1 5-8 inches and a length of 2 3-4 inches normally. In prostatic enlargement this length is much increased.

The way traumatism usually occurs is by falling astride a beam or joist in structural or carpenter work, on the horn of a saddle or a wagon wheel, or in any accident where a blow is received in the perineal region, as in the case that the writer intends to report. Early subjective and objective symptoms: There is usually pain in the perineum, with extravasation of blood in the skin and deeper tissues. Under the arch of the pubes we find a hard nodular swelling that feels like a small tumor. This will absorb in a few days, and leave only a tumefaction of the urethra at that point. If the contusion has been severe, we may have suppuration and necrosis of the infiltrated tissues, including the urethra under the pubic arch. In some cases the effusion of blood in the tissues is much more extensive, extending over the perineum, buttocks and in front half way to the umbilicus.

Fracture of one or more of the pelvic bones may be a complication. There is hemorrhage from the urethra to a greater or less extent, also obstruction to the urine. This obstruction in partial ruptures is usually considered due to a clot. The closing of the lumen by swelling of the urethral wall and the surrounding tissues

is the main cause, as the normal muscle fibres of the bladder are able to expel clots from a normal sized urethra, even if a partial solution of its continuity has occurred. In complete rupture the clot will be forced against the distal contracted end and produce complete occlusion. In complete rupture there is usually extravasation of urine into the perineum. If a catheter is passed twice in twenty-four hours, the distal end may be kept open, and the patient will be able to void till the proximal end has completely closed by cicatrization, which usually takes from one to five weeks in cases that have come under my observation. These cases, however, may have had some part of the lumen intact, sufficiently to direct the water to the dilated distal end, though at the operation the ends were on the average 1½ cm. apart. As long as the distal end is kept continually dilated in this way, there will be no farther infiltration of the perineal tissue.

The prognosis of rupture of the urethra depends on the amount of injury to the urethra, whether we have a partial or complete rupture, urine infiltration, suppuration, necrosis or sepsis. Fracture of the pelvis and shock are also complications. Kaufman estimates a general mortality of 14 per cent.

Management of Traumatic Stricture. Shock, if present, should be combatted; if complicated by fracture of the pelvis, the fracture must be reduced before any attempt is made to enter the bladder. Catheterization should be done with the utmost gentleness, with a soft rubber catheter if possible; if not, by a metal 16 to 20 F. One should feel his way very carefully, bearing in mind the opening in the triangular ligament,

where the traumatic rupture is nearly always located, except in cases where the urethra is severed by a cutting or piercing body. The force should be little in excess of the weight of the instrument. If the soft or rigid catheter should gain entrance to the bladder, it should be retained 48 to 72 hours, according to the tolerance of the bladder to instruments. The bladder should be irrigated with some warm saturated boracic acid solution before the catheter is removed. A soft catheter should again be inserted if the bladder will tolerate it; if not, it should be fixed in the urethra for another three days; then a soft bougie or sound should be passed every other day for two weeks, then twice a week for six months, and once a week for a year, and finally once a month for another year.

If the surgeon fails to gain entrance to the bladder, there is probably present a complete rupture. If catheterization is attempted within a few hours after the rupture, there are, no doubt, cases where the surgeon, by chance, will be able to find the proximal end when it is fixed under the pubic arch but if the rupture is back of the triangular ligament, the chance is practically nil.

Catheterization having failed, nothing but external urethrotomy without a guide will answer. This operation is acknowledged by genitourinary and general surgeons to be an extremely difficult operation at times. If the operation is undertaken immediately, the proximal end will have to be located mainly by sight; therefore, the light must be perfect. If the operation is undertaken a couple of weeks after the trauma, then it can be located best by the finger, and is recognized by its indurated consistency, differing in this respect from the rest of the tissues. Whether located by sight or touch, if the operator will bear in mind that the proximal end is nearly always fixed

in the triangular ligament, usually in the anterior layer, or within 1 or 2 cm. posterior, it will aid him and save him the trouble of hunting in other portions of the depth of the wound. By pressing on the distended bladder, a few drops can be made to flow from the proximal end, and in this way it can sometimes be located. If the operator fails to locate the stricture by these methods, then cystotomy and retrograde catheterization, cutting down on the point of the catheter and introducing one guy suture in each side of the urethra, then introducing a filiform and tunneled sound over it; then dilate the stricture completely, incise it, and introduce a catheter.

The operative procedure is the same for strictures operated from the front. If the stricture is short, it should be excised and the urethra sutured, except the bottom, with fine catgut. An effort should be made to bring the ends together, if possible, and suture them. The venous and capillary oozing is usually profuse and should be controlled by hot compresses. The dressing consists of a gauze tampon in the wound, and a firm perineal pad and bandage.

Ochsner says: "Because of the exceedingly small opening of the strictured end, the urethra can often be found with the greatest difficulty, it at all, and in searching for the opening, a great amount of tissue is destroyed." Lydston's advice is as follows: "The chief danger of the operation being the surgeon will lose the urethra, and in his aimless efforts to find it, produce severe and ever fatal hemorrhage." He recalls such cases operated on by a capable surgeon in which there was so much hemorrhage that the patient died within a few hours. He offers a word of caution that "The operation should be begun, if possible, early in the day, and be sure to secure plenty of light. A dark day and hurry have been fatal to not

a few patients in the practice of different surgeons."

Report of Case.—Mr. E. O. Nationality, Bulgarian; age, 30; miner, family history, unimportant; consulted me on Sept. 7, 1911, for retention of urine.

History: Five weeks previous, while riding on a coal car in the mine, he was struck by a broken entry timber and thrown between two cars. He received a very severe trauma in the perineum, with ecchymosis and swelling that extended over the perineum, buttocks and half way to the umbilicus, accompanied with pain. There was hemorrhage from the urethra with retention of urine. He was catheterized by the company physician for a couple of days; then he used a metal catheter, and had been using it twice daily in hope of relieving his greatly distended bladder, which gave him excruciating pain night and day. He finally concluded that he could not stand it any longer, as he was beginning to have chills and exhaustion. He gave a history of distention of the bladder for three weeks, with constant overflowing night and day; the first two weeks he was able to void.

Examination: Color of skin, sallow; sclerotics, yellowish tinge; sebaceous fat, deficient; extensive bronchitis in both lungs. There was constant dribbling of urine from the greatly distended bladder, reaching within one inch of the umbilicus. Attempt at catheterization failed. Gouley's catheter staff guide filled with filiforms. failed to find the opening in the stricture. The bladder was then aspirated and two-thirds of its contents removed.

The patient was removed to St. Joseph's Hospital, where he was operated on the next day.

Operation: Under anesthesia, the

writer, with the assistance of the excellent and efficient staff of internes at St. Joseph's Hospital, attempted to gain entrance through the stricture by different-sized sounds and by introducing Gouley's catheter staff filled with filiforms. I failed and proceeded to do an external anthrotomy without a guide. An incision was made in the perineum, beginning three-fourths inch in front of the rectum, forward to the bulb. A sound was introduced, and it followed the false channel in the muscles of the perineum. The external perineal fascia covering the sound in its false passage was mistaken for the urethra at first, and some time was lost in inserting sutures and hunting for the stricture too far back, dissecting in the median line in the depth of the wound. It was finally located, after a half hour's search, by palpation, projecting slightly in front of the anterior layer of the triangular ligament, in which it was fixed by cicatrization. I succeeded by a forced rotary motion to engage the small round knob on the end of Little's lithotomy staff. This was then passed through the stricture, and sounds up to 25 F., when the stricture was dilated on the grooved staff, the ends of the urethra approximated as close as possible, a soft catheter passed through the whole length of the urethra and left in for three days, when the bladder became intolerant to its presence. Sounds were then passed every second day for two weeks, then twice a week for another two weeks, when the party left the city with instructions to have a number 23 F. passed every week for a year and a half.

Bibliography: Ochsner's Clinical Surgery, page 363; Lydston's Text Book of Genito Urinary Diseases, page 249.

CHEMICAL SHORTHAND.*

DR. HENRY S. DENISON,

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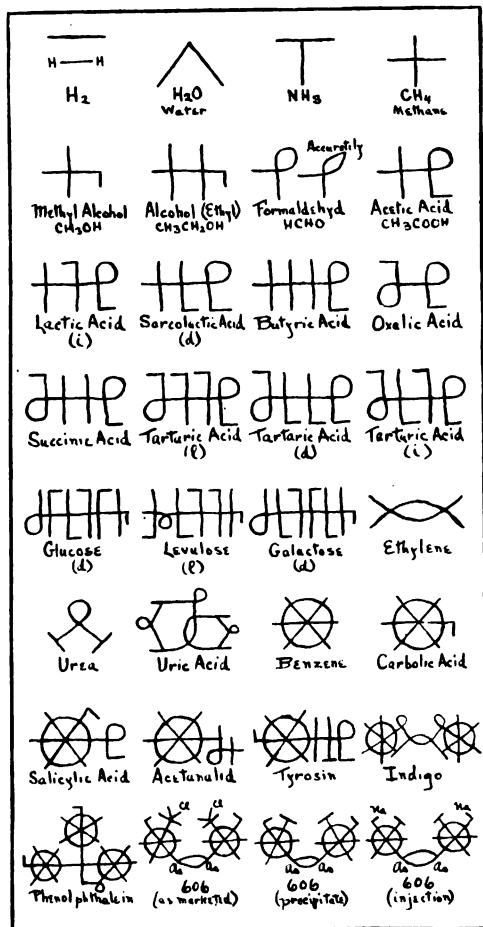
About six years ago, as a student of physiological chemistry, I was struck by the time and labor consumed in expressing graphically the chemical formulas of organic combinations. It was evident that we were writing over and over again the same four atoms in vari-

therefore, occurred to me that, if one could discover a quick method of representing these atoms by their valencies, much time and labor might be saved in expressing structural formulae.

The system which finally evolved itself is very simple. Formulas are expressed by lines and curves, and atoms are supposed to exist at those points in any line where its peace of continuity is disturbed. Then the number of lines radiating from such points represent the valence of that atom, each line standing for one bond of valence. Thus, a hydrogen atom is assumed to exist wherever a line terminates, because from such a point one and only one line can arise and the valence of hydrogen is 1. Oxygen is supposed to exist wherever a line makes an abrupt bend or angle, because from such a point two and only two lines can arise and the valence of oxygen is 2. Nitrogen exists where one line meets another, but does not cross it, because from such a point only three lines can arise. Similarly, carbon exists where two lines cross one another.

With these simple elements, so represented, all organic structures can be quickly and accurately formed; as developed in the accompanying figure. Atoms, other than these four common ones, must be expressed as usual by their symbols written near the point from which their valence lines arise. Thus, in "606" (see fig.) the trivalent atom, which without any symbol would be taken to represent nitrogen, becomes arsenic by appending the symbol As.

In expressing the carbonyl group, where an atom of oxygen is united to an atom of carbon by two bonds of valence, an abbreviation is used which adds greatly to legibility and does not detract from accuracy, namely, a sim-



ous combinations and that the structure of these atomic combinations was determined by the arrangement of valencies. It was further evident that the common organic atoms differ signally in their valence—hydrogen, 1; oxygen, 2; nitrogen, 3 or 5; and carbon, 4. It

*Presented before the Denver County Medical Society.

ple circular loop instead of the more accurate spear shape (see formaldehyd in the figure).

Within the benzene ring the point where three lines cross does not, of course, represent a sexivalent atom, but may perhaps represent graphically the peculiarities inherent in aromatic compounds.

When a symmetrical carbon atom can be seen to exist (see tartaric acid in the figure), the rotation of the plane of polarization may be represented by the manner of writing the CHOH groups. If the majority of these are written

with the OH tails pointing to the left, the compound is levorotatory; to the right, dextrorotatory; whereas if the lefts and rights are equal, it is inactive.

It will be observed that it is impossible to represent by this method any structure which is not theoretically correct, because all the valencies must, by the very nature of writing them, be satisfied. It will also be noticed, especially by those whose memory is predominantly visual, that each formula constitutes a simple picture, hard to forget.

MEDICAL PROGRESS

The Relation of the Tonsils to Sepsis.—Wm. S. Thayer, of the Johns Hopkins University (Kentucky Medical Journal), enlightens us, as he is wont to do, by reporting nine cases in children and adults, in whom long standing septic symptoms (fever, cough, albuminuria, arthritis, emaciation, hemiplegia), had been present, none of the patients having complained of tonsillitis, yet all these symptoms ceased with removal of diseased, though not always enlarged tonsils. He affirms that the discovery and removal of badly infected tonsils while the symptoms are yet but slight, may save the affected individual from a fatal endocarditis or a deforming arthritis or a chronic nephritis.

Arteriosclerotic Colics.—That vascular crises may closely simulate gastric or duodenal ulcer (even the bleeding, from thrombosis of smaller vessels), gall-stone disease or appendicitis, is shown by several cases reported in detail by John D. Dunham in the Medical Record of January 27th. The arteriosclerotic condition is distinguished by examination of urine and blood pressure, by the absence of the usual areas of tenderness, and by the beneficial effect of trinitrin and other vasodilators.

What to Do for a Person Entangled in a Live Electric Wire.—Says the Wisconsin Medical Recorder: Do not take hold of the victim's hands; you will be shocked if you do so. Be sure to grasp the clothes alone, and let nothing come in contact with your bare hands except his coat and trousers. If

you have thick gloves on, you can handle him with impunity in any way.

Urinary Antiseptics.—Jordan (quoted in Progressive Medicine) has carried out a series of exact observations on the action of urotropin, sandalwood oil and salicylic acid upon *B. coli*, *S. aureus* and the putrefactive organisms occurring in the urine. The growth of staphylococci and of putrefactive organisms is favored by alkalies and delayed by acids. *B. coli* grows well in either acid or alkaline urine, but when growing alone it tends to occur only in acid urine. After taking urotropin, if the urine is acid the drug is partly (up to 10 per cent), split up into formaldehyd and ammonium compounds, but its antiseptic power in neutral or alkaline urine is almost nil. Sandalwood oil has a marked restraining effect on staphylococci, but scarcely any upon the growth of colon bacilli or putrefactive germs. The antiseptic power of salicylic acid is but slight upon any of these bacteria.

Abortive Treatment of Gonorrhea.—Ballenger and Elder, of Atlanta, (International Clinics), have seen quick and satisfactory cures in 90 per cent of cases seen early when the inflammation was limited to the anterior urethra, by daily injecting for four or five days 15 to 20 minims of 5 per cent argyrol solution, then drying and compressing the meatus and sealing with collodion for 5 to 8 hours, when the seal can be dissolved with acetone. After the seal has been removed, the patient should drink water freely, so as to flush the urethral canal

frequently. The writers have cured by this method 378 patients with beginning gonorrhea, and about half that number with simple infections. If the treatment proves successful, the patient is free from pus, shreds and symptoms of urethritis by the second, third or fourth day.

Treatment of Portal of Entry of Systemic Diseases.—Under this heading Gordon Wilson (New York Medical Journal, Oct. 14, 1911), calls attention to the well known relation of diseased tonsils to arthritis, and more particularly to the malign general influence of pyorrhea alveolaris. The mouth trouble may be localized as an abscess at the base of one or more teeth, readily seen as a distinct shadow by X-ray examination, and suggested by an area of tenderness on palpation along the gums. In one of the cases which he reports, the use of a mouth wash (equal parts of water, alcohol and hydrogen peroxide), before and after meals, not only improved the local condition, but caused subsidence of the fever formerly present and a most marked improvement in the general state of the patient, with disappearance of his psychasthenic symptoms.

The Sanitary Privy.—Physicians in villages and their country patients will find this bulletin (Farmers' Bulletin 463), issued by the U. S. Department of Agriculture, of great practical interest and value.

Distinctions Between Neuritis and Muscular Rheumatism.—Heyerdahl (Progressive Medicine) states that the pain, tenderness and functional disturbance in rheumatism differs from neuritis in the hindrance to the movements of the part, and in the fact that the rheumatic pains are more severe in the morning or after rest, and are improved by work, contrary to what is observed in neuritis. Rheumatic pain in the head radiates from the back of the neck upward, while neurasthenic headache spreads sideways over to the forehead back of the eyes and thence upward to the top of the head. The rheumatic pains occur only with certain movements, while the nervous accompany any movement. Rest is useful in nervous and periosteal affections, while the rheumatic profit by a certain amount of exercise.

Glycerin in Pernicious Anemia.—Landis (Progressive Medicine) reviews the reports

of four cases of pernicious anemia, which were greatly benefitted or apparently cured by the free administration of glycerin. One patient received a tablespoonful three times a day at first, increasing later up to 70 grams.

Vincent's Angina.—A. W. Brayton (Indianapolis Medical Journal) quotes J. D. Rolleston's statement as to this disease constituting 0.9 per cent of all cases of sore throat. The ulcerative is a later stage of the membranous form. By way of local treatment Rolleston recommends tincture of iodine or methylene blue powder, but Brayton suggests the use of a 10 per cent solution of copper sulphate, which, he says, destroys the offending organism in one or two applications.

The Relation of Appendicitis and Rheumatism.—As long ago as 1895 Beverley Robinson (Medical Record) noted that acute articular rheumatism frequently just preceded or immediately followed signs of appendicitis, and that antirheumatic drugs often relieved the symptoms of appendicitis. Poynton and Paine, the discoverers of the Diplococcus rheumaticus, have recently succeeded in producing appendicitis in young rabbits by means of intravenous inoculations of this diplococcus, the appendix inflammation being accompanied by multiple arthritis and mucous diarrhea. They suggest that this association "has an important bearing upon the problem of antaintoxication in the etiology of arthritis in human beings."

Epigastric Tumors.—In a case of abdominal disease (American Journal of Surgery), a vague mass in the epigastrium associated with exaggerated distinctness of aortic pulsation at that point suggests pancreatic disease or retroperitoneal lymphatic tumor.

Preventable Blindness.—W. Cheatham of Louisville, says (Kentucky Medical Journal): In the entire United States there are 64,000 registered blind people, and it is a modest estimate that half of these are needlessly blind. The official census of New York in 1906 gives a total of 6,200 blind persons in the state. If a blind citizen is dependent upon the state, it is estimated that his maintenance for life will cost the taxpayers at least \$10,000. Dr. Brown tells us that in the institution for the blind in

(Continued on Page 376.)

Bacterins

Bacterins (bacterial vaccines) are killed bacteria suspended in physiological salt solution. They stimulate the production of protective substances (antibodies) and are used to prevent or overcome bacterial infections.

Each bacterin is indicated for the infection caused by its corresponding bacterium; for instance, a staphylococcal bacterin is used for staphylococcal infection. Accurate diagnosis is therefore necessary.

For the general practitioner the use of stock bacterins is advisable because valuable time is thereby saved.

It is well recognized that mixed infections are usually present in infectious diseases. "Mixed" and "polyvalent" (many different strains) bacterins are therefore becoming deservedly popular. As regards their use, Polak states:

"The mixed vaccines of reliable laboratories have given better results than when a single variety was used. This has been shown repeatedly in the blood picture when an autogenous vaccine of a single strain used in large doses up to 500,000,000 has failed to increase the leucocyte-count or diminish the polynuclear percentage, the mixed vaccines of several strains have promptly produced a marked leucocytosis. Even colon bacillus infections, such as the infection of a pelvic hematocoele by the colon bacillus, have yielded more promptly to mixed vaccines of polyvalent strains than when a single autogenous germ has been used." (Journal American Medical Association, November 25, 1911, p. 1738.)

The prophylactic value of bacterins is proved beyond question in typhoid fever, and preventive medicine suggests immunization against streptococcal, colon, staphylococcal, pneumococcal and tubercular infections by the use of their corresponding bacterins.

The results following the general use in the U. S. Army of typhoid bacterin in protective vaccination against typhoid fever are little short of marvelous. "During the past three years 60,000 men completed the three inoculations; but twelve cases of typhoid fever developed during this time and no death occurred." (Phalen and Callison, Medical Record, December 9, 1911, p. 1203.)

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Pulmonary Bacterin Mixed
Pyocyano-Bacterin (Pyocaneus Vaccine)
Scarlatina-Bacterin (Scarlet Fever Vaccine)
Staphylo-Bacterin (Staphylococcal Vaccine)
Staphylo-Bacterin Mixed (Mixed Staphylococcal Vaccine)
Staphylo-Acne-Bacterin (Staphylo-Acne Vaccine)
Staphylo-Albus-Bacterin (Staphylo-Albus Vaccine)
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Denver Medical Times and Utah Medical Journal

PUBLISHED MONTHLY BY

THE MEDICAL TIMES PUBLISHING COMPANY.

Subscriptions, \$1.00 per year, in advance.

Single Copies, 15 cents

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1839 Champa Street, Denver, Colo.

Address all Articles, Personals and other items of interest, and Books for Review to the Editor, Edward C. Hill
632 Metropolitan Building, Denver, Colo.

Our scale of prices for REPRINTS about covers actual cost. Those requiring reprints of published matter must order at the time of revising their proofs; price list for reprints on application to Business Office.

Entered at the Postoffice at Denver, Colorado, as mail matter of the Second Class.

Business Office Telephone, Main 5035

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ACUTE STREPTOCOCCUS DUST INFECTION.

Much the most common acute infectious disease in Colorado is follicular tonsillitis of streptococcic origin, and general practitioners are well aware of the special prevalence of this affection after a dust storm. Not so familiar, perhaps, is the fact that streptococcic dust infection, radiating from nose and throat, may give rise to severe symptoms (fever, chills, harassing cough, aching and soreness and considerable loss in weight), simulating la grippe. This condition, which is readily distinguished from true grip by the presence in sputum or throat swabbing of streptococci (and sometimes staphylococci and pneumococci), and the absence of influenza bacilli, was very prevalent in Denver during the month of January.

The outlook in these cases is generally good, but recovery may be hast-

ened by nasal douching and local anti-septic applications with spray and swab. Senn's solution (2 parts iodine, 4 parts potassium iodide and water to make 100 parts), is one of the best remedies for topical use in the nasopharynx. Streptococcic vaccines (stock or autogenous), act particularly well in attacks which tend toward chronicity.

THE THERAPEUTIC VALUE OF RADIOACTIVE SUBSTANCES.

An old minister of the gospel, when expostulated with by an unco guid member of his congregation for permitting the violin to be played in church, retorted that he'd be dumswizzled if he was going to let the devil have all the good music. Just so it would be foolish for the medical profession to reject certain means and measures, simply because they have been already ignorantly exploited by quacks.

The wonderful properties of radioactive metals, which have revolutionized the very foundation principles of chemistry, and imparted verisimilitude to the dreams of the alchemists, give earnest of the truth of the belief that in these elements lie latent potencies of epochal therapeutic value. Radium was discovered by Mm. Curie 14 years ago, but it is only within the past few months that the practical scientific application of the radioactive salts and fluids in medicine has been made and recorded. The sunrise is bright, and there is no telling what the day will bring forth.

Medical workers and writers are evincing a keenly renewed interest in the subject of radioactivity in its therapeutic relations. Einhorn has treated several cases of cancer of the stomach and esophagus locally by means of radium salts, with palliative benefit. Wassermann and his co-workers (J. A. M. A.) have very recently given out the remarkable results they have achieved in curing cancer in mice with a combination of eosin and selenium. Ehrlich, likewise, has devised a compound which is said to be even more effective than that of Wassermann. One of the most reputable pharmaceutical houses in America placed upon the market, at the beginning of the present year, a radioactive preparation which is said by Bulkley, Dearborn and others of authoritative reputation, to benefit or cure most cases of lupus and skin cancer. The Prescriber of Edinburgh says that the opening of the London Radium Institute, last August, has given a distinct stimulus to radium treatment, and the value of radioactive waters has been investigated in connection with various diseases.

Illustrative of the revival of interest in radium therapy, the initial article in the *Journal of the American Medical Association*, October 21, 1911, by L. Litchfield, on "The Treatment of the Arthritides," concludes with a sum-

mary of the good results secured by quite a number of European investigators in the treatment of gout and chronic arthritis with radioactive liquids. Numerous animal experiments (ibid.) have shown that the action of radium is elective, affecting most embryonic and pathologic tissues, and that it stimulates ferment action, autolysis and the elimination and destruction of uric acid. A comprehensive paper on "Physical Therapeutics in the Medical Press," by Dr. Mary A. Snow, in the *Medical Record* of January 20th, gives a good resume of progress along the line indicated. In the same number of this journal is an interesting contribution on "Radioactive Waters in the Treatment of Gout," by Dr. A. C. Burnham. Allied to the various radium rays are the ultraviolet rays, which are now being produced, it is said, in camp with a dynamo and a gasoline engine, by army surgeons in the Philippines, as an effective germicidal purifier of foul drinking water.

EMACIATION.

Wasting is likely to be slow, persistent and progressive in pulmonary tuberculosis, with cough, slight afternoon fever and impaired resonance at one apex. It is temporary in and after acute febrile diseases (particularly meningitis), and also during incubation; the loss of weight is often more than gained again during convalescence. Chronic interstitial nephritis (polyuria, hyaline casts, slight albuminuria, cardiac hypertrophy, uremic symptoms), diabetes mellitus, exophthalmic goiter, cirrhosis of the liver (morning nausea and vomiting; hematemesis; insidious ascites), and internal cancer are well recognized causes of progressive loss in weight. Less commonly known, and mentioned by Cabot, are much loss of sleep, continual pain and simple arteriosclerosis. In cachexia due to prolonged suppuration, the necrotic or suppurative foci may be

too small to be demonstrable during life. Secondary and pernicious anemias may be attended with emaciation, but chlorotic subjects are commonly obese. Digestive disturbances of all kinds, except hysterical, tend to cause thinness. Mental strain and hasty meals are to be given due consideration here.

Emaciation with deceptive increase of weight is noted in dropsies, large ovarian cysts (wasting of arms and thorax), renal sarcoma or malignant abdominal tumors.

The young infant should gain in weight from one-fourth to one-half pound each week. Failure to do this usually indicates deficiency in the quality or quantity of the mother's milk, or else improper artificial feeding (often too much fat in diet). The growth of infants and children may also be stunted by rickets, syphilis, tuberculosis, cretinism, exhausting diseases (whooping cough), bad hygiene, mental overwork, simple atrophy (marasmus), essential anemias and cardiac valvular disease or anomalies.

PERSONALS

Dr. P. J. Pothuisje has purchased a Peerless car.

Dr. B. E. Moody has been appointed health officer of Rocky Ford.

Dr. Fuson of Milliken, Colo., was a visitor in Denver recently.

Dr. E. R. Warner has started on a trip to Japan and China.

Dr. S. M. Oppenheim lately suffered from an attack of appendicitis.

Dr. C. Atkinson has been appointed county physician of Larimer county.

Dr. Hugh Taylor has been sojourning in San Diego, Calif., for a few weeks.

Dr. T. W. Scott of Rocky Ford is visiting at his old home in Stafford, Kans.

Dr. and Mrs. C. B. Lyman have returned to Denver from their trip to Panama.

Dr. Morris J. Krohn has opened an office in the Wyoming building, suite 515.

Dr. and Mrs. Leonard Freeman have returned from a trip to the Canal Zone.

Dr. A. N. Templeton of Boulder has returned home from a visit to Zanesville, O.

Dr. T. E. Carmody has returned from his trip to the South, much improved in health.

Dr. W. L. Winner of Boulder withstood a dangerous attack of pneumonia last month.

Dr. and Mrs. T. A. Stoddard of Pueblo have been making a tour of the West Indies.

Dr. J. H. Kellogg of Lamar has been appointed county physician of Prowers County.

Dr. H. A. Fynn was recently operated for appendicitis, and has made a fine recovery.

Dr. and Mrs. Frederick A. Faust of Colorado Springs depart for Europe the middle of this month.

Dr. John R. Espey of Trinidad recently had the misfortune to fall and break his arm.

Dr. and Mrs. Savage of Swink are glad in the arrival of a little daughter at their home.

Dr. and Mrs. Chas. A. Ferris have moved into their new bungalow at 3121 Gaylord street.

Dr. F. W. Maier of Rocky Ford has recently suffered from a serious attack of influenza.

Dr. and Mrs. B. F. Replogle of Fort Collins spent the month of February in Los Angeles.

Dr. W. C. Wolf has returned to Colorado City, after several weeks' stay in a Denver hospital.

Dr. Ellen Oviatt of Denver, who was seriously ill in Arkansas, is reported somewhat improved.

Dr. F. A. McKlveen has invented an auto starting device, which will soon be on the market.

Dr. J. E. Tomlinson has about recovered from a severe attack of blood poisoning in one of his feet.

Dr. W. L. Dorland of Pueblo, who has been quite ill at Minnequa Hospital, is reported much improved.

Dr. W. A. Jolly of Boulder has been appointed a lieutenant in the U. S. Medical Reserve Corps.

Only three cases of typhoid fever were reported from Denver during the last three months of the year.

Baron Joseph Lister, the great English

discoverer of antiseptics, died last month in his eighty-fifth year.

Dr. H. H. Savage has sold his practice in Swink to Dr. H. M. Newkirk, and has removed to Rocky Ford.

Dr. Mary F. Lowrey of Boulder has gone east to engage in hospital work. She will probably return in June.

Dr. W. J. White is serving as chief of the fire department in Longmont until a regular appointment shall be made.

Dr. and Mrs. T. A. Stoddard have returned to their home in Pueblo, from a delightful trip to Porto Rico.

We are pleased to note that Dr. E. O. Sisson is again on deck, after a prolonged siege by the pneumococcus.

We regret to learn that Dr. H. C. Dodge of Steamboat Springs recently suffered from an attack of blood poisoning.

Dr. H. L. Williams of Flagler came to Denver February 6 for a nasal operation, performed by Dr. C. E. Cooper.

Dr. Frank Blackmer has returned to Steamboat Springs after three months' postgraduate work in Chicago.

Dr. Charles F. Andrew of Longmont recently made an auto trip to Estes Park in 2½ hours, returning in 2¼ hours.

Mrs. Louise Lougeay, wife of Dr. W. H. Lougeay of Denver, died on the 26th of February, after a prolonged illness.

Dr. Robert A. Hamill died at his residence in Denver, February 9. The remains were interred at his old home, Chapman, Neb.

Dr. John P. Kelly of Golden has been appointed local health officer, and Dr. D. E. Garvin has been reappointed county physician.

Dr. John Chase presided at the banquet of the Sons of the American Revolution, held at the Auditorium Hotel on the evening of February 22.

Dr. Woodbridge of Pueblo paid a visit to Denver for a week last month, taking in clinics and looking into the newer laboratory methods.

Dr. Walter J. King of Golden died in Park Avenue Hospital, Denver, February 28. Dr. King had been sick about three months before his death.

The city council of Pueblo has appointed Dr. John G. Wolf city physician, and Dr. H. B. Killough assistant city physician and police surgeon.

Dr. Cloyd Workman of Sugar City, and

Miss Bertha Lentz of St. Clairsville, O., were married at the bride's home on Washington's birthday.

At the regular meeting of the Twentieth Century Club in February, Dr. F. M. McCartney held a surgical clinic at St. Anthony's Hospital.

"Mutt and Jeff" are the appropriate names of two fine rubber plants in the possession of Dr. George G. Baker in one of his rooms at the Standish.

Dr. W. P. Harlow of Boulder presided over the annual meeting of the Association of American Medical Colleges, held in Chicago last month.

Mrs. Elizabeth Hart, wife of Dr. Charles N. Hart, formerly of Denver, died at their new home at Marshfield, Mass., February 3, at the age of 56 years.

Dr. A. Bourquin, French consul and a well known practitioner, leaves Denver this month for a prolonged scientific trip, including China in his itinerary.

Dr. Edmund J. A. Rogers delivered an interesting lecture upon "Psychotherapy" before the Denver Philosophical Society on the evening of the first of February.

Dr. Henry Frosch of Pine brought a lady patient to Denver, the first of February, to be operated by Dr. L. J. Weldon. The patient has made an uneventful recovery.

Dr. Crum Epler represented the State Board of Health at the eighth annual conference on medical education and public health, held in Chicago, February 26-28.

Dr. R. W. Corwin represented the Colorado State Medical Society as a delegate to the National Educational Association, which met in St. Louis the last week of February.

Mayor Speer has appointed Mr. James H. Pershing, Mrs. Charles Reed and Mrs. Alma Lafferty as the members of the committee on charities to serve without salary.

Dr. and Mrs. Lee Paul of Ilwaco, Wash., were summoned to Greeley last month by the death of a relative. Dr. Paul is now mayor of Ilwaco and has a very satisfactory practice.

Dr. Lawrence L. Patterson announces he has opened offices on the ground floor of the Metropolitan building, and will limit his practice to radiography and electrotherapeutics.

Dr. and Mrs. C. F. Stough (nee Miss Madeline Tellier), of Colorado Springs, are now in Europe on their wedding tour. Dr. Stough

will take a special course on surgery in Vienna.

Dr. and Mrs. P. J. McHugh of Fort Collins were recently presented by their friends with a beautiful electric chandelier on the occasion of their twentieth wedding anniversary.

Probably the first skiagram of ruptured diaphragm with thoracic prolapse of stomach and intestine, was exhibited by Dr. George H. Stover before the members of the Denver Medical Club, at the March meeting.

Dr. Curtiss Beauchamp of Longmont was wedded to Miss Eva Butler on the second of March. The happy couple will tour the Pacific Coast for a month or two and then settle in Los Angeles.

Drs. Preston and Parsons were guests of the Pueblo County Medical Society at their meeting on February 6. The former spoke upon the subject of fractures, and the latter upon gas-oxygen anesthesia.

The informal luncheon given to the members of the staff by the sisters of Mercy Hospital on the evening of February 14th, was thoroughly enjoyed by all concerned. Dr. Frank W. Kenney is president of the staff; Dr. J. C. Hutchison, secretary.

Dr. F. C. Chamberlain of Colorado Springs will have office hours, Fridays, Saturdays and Sundays, at 1529 Gaylord street. Dr. Chamberlain will limit his practice in this city to diseases of the nervous system.

Rev. Thomas H. Malone is delivering a course of lectures in Brooklyn and New York, in order to procure funds to serve as a nucleus for a National Catholic Hospital for Consumptives, to be erected in Denver.

Dr. John Grass delivered an address upon "The Flag and the School" at the seventeenth anniversary banquet of Kensington Council No. 16, Junior Order of American Mechanics, held at the Savoy Hotel, evening of February 22.

The Medical Society of the Missouri Valley will hold its twenty-fourth semi-annual meeting at Colfax, Iowa, March 21-22. Dr. J. M. Bell of St. Joseph is president of the association; Dr. Charles Wood Fassett of St. Joseph, secretary.

The editors of the Interstate Medical Journal have arranged for a special symposium number in March upon diseases of the digestive tract, containing fourteen notable

contributions in the way of original articles and collective abstracts.

At the first February meeting of the Medical Society of the City and County of Denver, Dr. George H. Stover gave a graphic demonstration, by means of 50 X-ray plates, of the route of invasion of pulmonary tuberculosis as seen by the Roentgenologist.

Dr. H. Winnett Orr, of the Nebraska State Orthopedic Hospital, gave an interesting lecture upon "The Prevention of Deformities" before the county medical society, February 6. Dr. Orr holds that practically all deformities should be prevented by early orthopedic measures.

Dr. W. W. Grant exhibited before the second February meeting of the Medical Society of the City and County of Denver, a young woman who for two years (following appendicitis) has had marked cyanosis of all the nails, with increased lateral curving and vasomotor flushing of the adjacent skin.

The corner stone of the Schoenberg Trade School (\$25,000 bequest) at the National Jewish Hospital for Consumptives, was laid on the 8th of February. The purpose of the school is to teach the convalescing inmates of the institution trades which will not be injurious to health when they go to work again.

Dr. Henry Isaacs was fatally injured (ruptured diaphragm), February 17, in a collision between a fire wagon and a tramway car, the tongue of the wagon penetrating through the back of the car. Dr. Isaacs had practiced two months in Denver. A widow and little children mourn his tragic death.

Dr. E. Stuver gave an address upon "The Adolescent Boy," with special reference to the dangers and prevention of venereal diseases, before the Y. M. C. A. conference in Fort Collins, February 18, and on the same evening delivered his lecture on "The Influence of Stimulants and Narcotics on the Development and Health of the Human Body," at the Frances Willard memorial meeting, held at Laporte.

The Clinic Committee of the Medical Society of the City and County of Denver have arranged to hold a series of clinics, chiefly at the county hospital, on March 29-30. These clinics will be open without charge to all members of the medical profession, and doubtless many interesting cases will be exhibited. Any physician or surgeon who

has a patient who could be utilized in these clinics should communicate with the secretary of the committee, Dr. S. B. Eichberg, 536 Metropolitan building.

Bimanual palpatory percussion is the term applied by Dr. Henry Sewall to a new method which he has devised for outlining the abdominal and thoracic organs. It consists in holding the fingers of one hand over the organ (tumor or exudate) in question, tapping with a finger of the other hand centripetally until a marked increase of percussion vibration is noted. On repeating the procedure from various points of the circle, the precise boundary of the organ, tumor or exudate can be delineated.

The Colorado State Trained Nurses' Association, which met in Pueblo the second week of February, elected the following officers: President, Mrs. C. A. Black, Pueblo; vice-president, Miss Mary B. Eyre, Denver; second vice-president, Miss C. J. Millen, Colorado Springs; secretary, Miss L. Jerrin, Denver; treasurer, Mrs. J. S. Thurston, Denver; member of board of directors, Miss M. Bullene, Denver. According to the Pueblo Chieftain, the association has started a relief fund for women of the profession suffering from tuberculosis.

The annual banquet, held at St. Anthony's Hospital on the evening of February 15th, was the customary sumptuous and delightful affair. Dr. George W. Miel, president of the staff, served efficiently as toastmaster, and responses were made by Drs. McKlveen, Matson, McCartney, Enos, Young, Kracaw and others. Sweet music (including some anesthetic strains upon the violin by Dr. Parsons) also filled the air. According to Secretary Root, the hospital has now 146 beds and accommodated 1,508 patients last year, including about 200 charity patients.

Before sailing for Europe a month ago, Mr. Nathan Straus offered a prize of \$1,000 for any case of scurvy or rickets or anemia caused by feeding a baby with properly pasteurized milk. He affirms that in feeding 25,000 babies with pasteurized milk from his infant milk depots in New York City, not a single case of scurvy or rickets developed. Mr. Straus's challenge and offer was brought out, he says, by attacks based upon ignorance. Dr. M. J. Rosenau, of Harvard, and Surgeon General Rupert Blue and Dr. John F. Anderson, of Washington, are entrusted with the decision in the matter.

The American Hospital Association will hold its next meeting (fourteenth annual conference) in Detroit, September 24-27, 1912. Dr. Henry M. Hurd of Baltimore is president; Dr. J. N. E. Brown of Toronto, secretary. This association aims to promote economy and efficiency in hospital needs, to disseminate information regarding every phase of hospital work, to assist those who are carrying hospital burdens, and in every possible way to improve the care of the sick. It invites the active co-operation of the representatives and supporters of every hospital in the United States and Canada.

Mayor Speer's budget for 1912 includes an appropriation of \$63,000 for the health commissioner's office, embracing the following salaries: Health commissioner, \$4,000; assistant commissioner, \$2,400; chief bacteriologist, \$1,800; assistant bacteriologist, \$1,260; three city and county physicians, \$1,380 each; five inspectors (medical, milk, garbage, plumbing, meat), \$1,500 to \$1,800 each, and two fumigators, \$1,500 each. Assistant inspectors, a chemist and a second assistant bacteriologist will be employed at such times as may be needed, upon the recommendation of the health commissioner, with the approval of the mayor. The appropriation for Steel and Sand Creek hospitals is \$35,000, and for the county hospital, \$102,000.

THE DENVER POST-GRADUATE CLINICS

Arrangements for the Clinics to be conducted by the County Medical Society on the 29th and 30th of March are about completed and all physicians within reach of Denver are invited to attend, with the assurance that they will find two days of instructive and profitable observation. Special attention will be given to new methods of approved value, as well as practical clinical work in all branches of medicine and surgery.

SOCIETY NOTES.

Regular meeting of the Otero County Medical Society, held at the City Hall, La Junta, Tuesday, February 13, 10:30 a. m. The president, Jessie E. Stubbs, in the chair. Members present: Drs. Hall, Moore, Kearns, Bronk, Finney, A. L. and Jessie E. Stubbs of La Junta; Dr. S. H. Savage of Swink; Drs. Fisher, Pollock, Blotz and Barbour of Rocky Ford.

After regular business was transacted an invitation was extended to the society to hold the March meeting at Rocky Ford. This invitation was accepted by unanimous vote of the members present.

The essayist of the day was Dr. Roy Finney. Subject, "Some Notes on European Clinics." Dr. Finney's paper was excellent in all respects and highly enjoyed. The notes he gave to us were made chiefly in the clinic of Dr. Russell of London. The paper was discussed by nearly all members present.

L. P. Barbour, Sec.

Met in the Y. M. C. A. building in Fort Collins, Colo., February 20th, at 4 p. m. Between 30 and 40 physicians from Fort Collins and outside cities and towns, besides the professors and students of the State Agricultural College, were present. In the absence of the president, Dr. McFadden of Loveland, who was detained by a poisoning case, Dr. Morgan, vice-president, called the meeting to order, and, after welcoming the visitors, called the secretary, Dr. Stuver, to the chair to announce the program.

The first paper on the program, "Recognition and Management of Moderate Degrees of Pelvic Contraction," was read by Dr. W. W. Reed of Boulder. Dr. Reed gave a very comprehensive and logical outline of the subject, and his valuable paper brought a good discussion, which was participated in by Drs. Jayne, Singer, Dale and Reed.

Dr. Melville Black of Denver then gave a very interesting, cogent and illuminating talk on "Differential Diagnosis Between Conjunctivitis, Acute Iritis and Acute Glaucoma." He insisted on the very great importance of an early and correct diagnosis and differentiation between iritis and glaucoma, as they require diametrically opposite treatments, and very serious results may follow a wrong diagnosis and the failure to institute the proper treatment: atropine for iritis, and eserine for glaucoma. The discussion of his paper was opened by Dr. Winslow and also participated in by Drs. McHugh, Stuver and Black.

The last paper on the program, "The Indications for Operation in Inguinal Hernia," was read by Dr. E. W. Knowles of Greeley. He gave a very clear, succinct account of the subject, and strongly insisted on the propriety of operation in nearly every case.

Dr. Geith of Wellington opened the discussion which was also participated in by Drs. Singer, McHugh, Kickland, Winslow, D'Armond, George Stover, Thompson, Glover and Knowles.

At 7:30 p. m. the members of the society and their guests repaired to the Northern Hotel, where great havoc was perpetrated on an excellent banquet, prepared by that famous hostelry. If doctors work like they eat (and I have good reason to believe they do) they certainly lead a strenuous life. The banquet being concluded, and Lady Nicotia firmly seated in the saddle, Toastmaster Winslow rapped the meeting to order and a rapid-fire of wit and oratory succeeded. The first toast, "Remarks by the President," was felicitously responded to by Dr. McFadden. This was followed by "Colorado State Medical Society," by its president, Dr. W. A. Jayne. To those who know Dr. Jayne it is needless for me to remark that his toast was very good, indeed, and enthusiastically received. "The Medical Freebooter," by Dr. D'Armond, called attention to the different classes of quacks that prey on the public. His address showed that his observation is good and his sympathies in the right place. Then came Dr. Singer of Pueblo, who had as his theme "The Colorado Physician." He insisted on harmonious and concerted action among physicians and greater efficiency on the part of the individual physician, and while his address was short, it was "right there with the goods." Dr. S. T. Quick then gave a short but clear outline sketch of the establishment of "Our Hospital and Training School." Dr. Morgan spoke on "Board of Health," and Dr. Melville Black gave a ringing address on "How We Have Progressed." Dr. Glover was called on and made a felicitous talk, and the meeting was closed by a few remarks from the chairman of the program committee, Dr. P. J. McHugh. Taken all in all, the meeting was a very interesting and profitable one.

Following is a list of those present at the banquet: W. A. Jayne, Melville Black and G. H. Stover, Denver; Frederic Singer, Pueblo; E. M. Knowles, Greeley; J. G. McFadden and S. A. Joslyn, Loveland; W. W. Reed, Boulder; W. E. Thompson, Greeley; D. W. McCarty, Berthoud; C. R. Geith, Wellington; J. D. Carey, Timnath; E. Stuver, John F. Morgan, S. T. Quick, W. A. Kickland, E. L. Sadler, Geo. W. Glover, Geo. Hoel, P. J. McHugh, T. C. Taylor, Walter G. Sackett, Curtis Atkinson, A. W. Rew, W. N. D'Armond, B. F. Kaupp, D. O. Norton, W. H. Winslow and S. C. Halley, all of Fort Collins.

E. STUVER, Sec.

FOREIGN JOURNALS

(Translations by Dr. Joseph Cuneo.)

Denver, Colo.

Les deux syndromes pancreatiques chez les Tuberculeux, by Prof. M. Loeper, Paris. —The part played by the pancreas in nutrition is important as well as complex; its secretion seems to be twofold; the pancreatic juice and a substance of unknown nature which regulates the equilibrium of glucose in the system, as well as other processes of nutrition which are less exactly defined. These two secretions seem to originate, the former in the glandular acini and in Wirsung's canaliculi, and the latter in Langerhans' islets and in the circulatory system of the gland. Therefore two classes of symptoms will be the clinical result of pancreatic insufficiency: dyspeptic symptoms caused by insufficient modification of fat, carbohydrates and proteids; and symptoms resulting from disorders of the nutrition, the most important of which are hyperglycemia, glycosuria and perhaps also azoturia, lipuria and polyuria. As to hypersecretion of the pancreas there are very few data and it is next to impossible to ascribe definite symptoms to this condition. In short, the pancreas must be considered as a most important gland, the secretions of which regulate the functions of the system, and this is especially true as regards consumptive patients.

Diarrhoea is the most frequent symptom of pancreatic insufficiency in consumptive patients, and very often it bears very little or no relation to consumption, so that it may be termed "dyspeptic diarrhoea." A careful chemical and microscopical examination shows an abnormal amount of food residues, fat, carbohydrates, muscular fibres, etc., and the data of coprology are then quite typical of pancreatic insufficiency. In some cases the amount of amylase in the blood is distinctly below the normal, and in some of the patients observed by Prof. Loeper it had fallen to 10 or even 8, instead of 17 which is the normal amount, according to Achard and Clerc. Sometime there is no diarrhoea or no obvious sign of digestive disorders, but then an abnormal loss of weight out of proportion with the pulmonary lesions, or a slight glycosuria, lead to a diagnosis which is soon confirmed by the examination of the faeces.

Conversely hypersecretion of the pancreas has been not unfrequently observed by Prof. Loeper at the beginning of consumption. Its symptoms are: good appetite, even bulimia, and at the same time distinct wasting and increase of amylase in the blood and urine; presence of a proteolytic urinary ferment, which very likely is trypsin, sometimes, after the meals, some temporary glycosuria; there is also an increase of indican in the urine, although there is no diarrhoea, and an increase of sulfo-ethers, although there are no intestinal fermentations; Cammidge's reaction is quite positive and in the faeces there is an abnormal amount of very active amylase. The microscopical examination detects no food residues, and clinically there is neither constipation nor diarrhoea.

Tuberculosis of the pancreas is not very commonly met with, but Prof. Loeper has examined lately 16 pancreases of patients who had died of consumption, and he gives most interesting information as regards morbid anatomy. Some of the pancreases which he has examined were normal, but most of them were congested, oedematous, infiltrated with lymphocytes, and with perilobular, intralobular and multicellular sclerosis; granular and especially fatty degeneration was frequent, the latter in about 50 per cent. In some of the pancreases examined there was evidence of hyperplastic reactions, which were well marked not only in the lobules, but also in the islets of Langerhans.

These microscopical and macroscopical post-mortem appearances have been confirmed by the results of experiments on animals, conducted by Dr. Gh. Esmonet, and which Prof. Loeper records in detail.

As regards therapeutics, Prof. Loeper holds that his conclusions are of a great clinical importance, and he has been led to recommend what he terms the intensive pancreatinisation of consumptive patients; this method has given him very satisfactory results in cases of consumption where sclerotic or degenerative atrophy of the pancreas has followed hypersecretion, since it is then necessary to stimulate the pancreatic secretion.

For further details on this question see:

Loeper & Esmonet, la pancratinisation intensive dans la tuberculose. *Congres Francais de Medecine*, Paris, 1910, and *Bulletin Medical*, October, 1910.—*Progres Medical*, Sept. 23, 1911).

Chirurgie des Plaise de la Plevre et Du Poumon, by Prof. Lenormant, Paris.—After pointing out the unsatisfactory results which are so often due nowadays to the classical methods of treatment of wounds of the pleura and lungs, Prof. Lenormant advocates more radical methods in very definite cases. First, in cases of sudden haemorrhage when the surgeon must act at once; second, in cases of recurrent and profuse haemorrhage, when the local symptoms are gradually getting worse; third, in cases of haemorrhage happening several days after it seemed to have been stopped. The technique which Prof. Lenormant advocates is explained in great detail and its various stages carefully described. Prof. Lenormant is distinctly in favor of an early and hermetical closure of the operative wound, as the chances of infection are then greatly reduced.

The indications for operative treatment, without counting haemorrhage, are less frequent and less liable to discussion. In pneumothorax "a soupape" an emergency puncture may be useful and in this case the suture may be dispensed with. Mediastinal emphysema may be a cause of dyspnoea and of threatening circulatory troubles; in this case it is always better to wait for infectious sequelae or for secondary haemorrhage and to confirm the diagnosis by an X-ray examination. Septic pleural complications may also be treated by early pleurotomy.—(*Progres Medical*, Oct. 7, 1911).

Les Pleuresies des Vieillards, by Drs. Oppenheim & Crepin.—A most instructive clinical and statistic study of senile pleurisy with effusion. Out of 2,000 old people whom they have seen at the "Maison departementale de Nanterrie," the authors have observed 41 pleural effusions, 29 of which have been diagnosed during life, and 12 have been revealed by the post mortem examination. Among these 12 last cases, 4 had died suddenly, and without any premonitory sign or symptom. The average age of the cases considered is 70, and the condition is about three times more frequent in men than in women. Both sides seem to be equally often

affected. In the vast majority of cases the general condition was very poor.

After a very exhaustive clinical study of several typical cases, the authors insist on the extreme severity of the disease and on the great frequency of sudden death. Death rate: 65 per cent. The only rational treatment of senile pleurisy with effusion, according to the authors, is paracentesis, which must be performed as soon as the diagnosis has been made.—(*Progres Medical*, Oct. 14, 1911).

L'Operation Cesarienne Vaginale, sa Technique, ses Resultats, ses Indications, by Prof. C. Jeannin, Paris.—Prof. Jeannin describes a method of Caesarian section, Dührssen's operation, which is commonly performed in Germany, but hardly known in other countries; an incision, per vaginam of the cervix and of the lower part of the uterus in front and behind, exactly in the middle line, i. e., at the level of the non-vascular zone and below the peritoneum. This method is worth being taken into consideration as it is comparatively easy and, if well conducted according to Dührssen's rules, attended with little danger and few complications. Its two main indications are either when, owing to the condition of the patient, the ordinary Caesarian section is not possible, or when owing to hardening of the tissues, dilatation is not possible and forceps cannot be applied.—(*Progres Medical*, Oct. 21, 1911.)

Syphilis and Scarlet Fever.—M. Silvestro reports in the *Italian Gazzetta degli Ospedali*, 1911, No. 93, a case of hereditary syphilis in a child four years old, in which he noticed, under the influence of scarlet fever, the disappearance of all the syphilitic manifestations in evolution. One may believe that during the treatment of scarlet fever takes place in the organism the formation of bodies that are antagonistic to the ones which are formed by the Wassermann reaction.—J. Milhit (*Le Progres Medical*, Paris, January 27, 1912).

Adenitis Improved by X-Rays.—M. M. Labbe reports the following case:

A man fifty years old, a drinker and smoker, not tubercular or syphilitic, presented himself at the clinic suffering with bilateral, sub-maxillary, axillary and inguinal adenitis, without fever. The leucocytosis indicated a mononucleosis. The iodine and

arsenical treatment having failed, the patient was put under the X-ray treatment, and the enlarged glands diminished considerably in size. The treatment was interrupted, the adenopathy returned and the patient died. The action of the X-rays on the glands is evident, without having, however, influenced the leucocytosis.

It can be concluded by this case that the X-rays have an influence on the hyperplastic process, but not on the primordial process of leucemia and adenia. (*Le Progres Medical*, Paris, January 27, 1912.)

Suprarenal Insufficiency During the Course of a Case of Scarlet Fever.—M. M. Crysez and Dupuich presented, through M. G. H. Lemoine of Val-de-Grace hospital, the case of a young, vigorous soldier, never affected before with any infectious disease, that presented on the fourth day of a severe case of

scarlet fever a complex of symptoms characterized by distention of the abdomen, painful on pressure with vomiting, a progressive lowering of temperature, a very marked weakening of the pulse, headache and a profound asthenia and indications of collapse.

Under the influence of a solution of adrenaline 1-1000 by the mouth, the general condition progressively improved. The pulse, which could not be felt for forty-eight hours, became perceptible. The arterial tension, which three days after the use of the adrenaline was only 9 c. m., by Potain's sphygmomanometer, rose gradually and soon reached 18 c. m. The patient made a complete recovery and was able to leave the hospital after forty-six days of isolation. (*Le Progres Medical*, Paris, January 27, 1912.)

BOOKS

Practical Electro-Therapeutics and X-Ray Therapy. By J. M. Martin, M. D.; 446 pages, 19 illustrations. Published, 1912, by C. V. Mosby Co., St. Louis.

An excellent work, written by a scientific and practical man, with a remarkable facility for giving clear statements, and able to make drawings, which illustrate.

The introductory chapter gives the plainest statement of the electron theory that the reviewer has seen. And in the body of the work a valuable effort is made to do what will have to be done by the writers of future works of this nature; that is, to use the electron theory as a working basis in discussing the nature and action of electricity in X-ray and electro-therapeutic work.

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calculus), is not taken up at all in detail. The Roentgenologic specialist should not, however, criticize a work of this sort on account of these facts. It is impossible in a book designed for the information of the general practitioner, who wishes rather a full understanding of the subjects written of here, that all these subjects be considered in extenso. This would not appeal to the average physician and surgeon, even if he were doing some X-ray work in the course of his practice.

High frequency currents, also light therapy, are briefly, but satisfactorily outlined.

This book is recommended to physicians and students as a useful, safe and sane exposition of the subjects it takes up.

STOVER.

Practical Treatment, Volume III—A Handbook of Practical Treatment. In three volumes. By 82 eminent specialists. Edited by John H. Musser, M.D., Professor of Clinical Medicine, University of Pennsylvania, and A. O. J. Kelly, M.D., late Assistant Professor of Medicine, University of Pennsylvania. Volume III: Octavo of 1095 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1912. Per volume: Cloth, \$6.00 net; Half Morocco, \$7.50 net.

The third and concluding volume of this great work is concerned with constitutional diseases, diseases of the respiratory, digestive, urinary and nervous systems, diseases

of the muscles and of the mind. The contributors to this volume are Isaac A. Abt, James M. Anders, John G. Clark, M. H. Cryer, F. X. Dercum, Wm. A. Edwards, Chas. H. Frazier, Thos. B. Fletcher, Jno. H. Gibson, Joel E. Goldthwait, Edward H. Goodman, Albion W. Hewlett, John Homans, Guy L. Hunner, Chevalier Jackson, Henry Jackson, Theo. C. Janeway, Jno. H. Jopson, Maynard Ladd, Egbert Le Fevre, Jas. Hendrie Lloyd, G. Hudson-Makuen, Chas. H. Mayo, Wm. J. Mayo, Herb. C. Moffitt, B. G. A. Moynihan, Jno. H. Musser, Roswell Park, Geo. Morris Piersol, Chas. W. Richardson, Sam. Robinson, Jos. Saller, Bertram W. Sipple, Wm. G. Spiller, J. Dutton Steele, Chas. G. Stockton, Jas. E. Talley and E. W. Taylor. The division of labor among so many authorities has yielded very satisfactory results in the present instance. The contributors in general show an intimate acquaintance with the best known modern methods of alleviating and curing the diseases under their consideration. The text is amply illustrated for a treatise on treatment. An index of 62 pages furnishes an easy key to all the contents. The three volumes of this work are of the greatest practical utility, and should be in the working library of every active general practitioner.

E. C. H.

High Frequency Currents: By H. Evelyn Crook, London; Published by Wm. Wood & Co. Second Edition, 232 pages; illustrated.

The prompt appearance of a second edition of this book is a deserved testimonial of its excellence.

It has been somewhat amplified, and brought thoroughly up to date.

In the first chapters are taken up the various forms of apparatus used for generating these currents, beginning with current supply from direct and alternating mains, primary batteries and accumulators, and going on to a full description of the D'Arsonval and Oudin apparatus.

Next is taken up the physical properties of High Frequency currents in their different manifestations, the subjects of induction and resonance being well set forth.

The ensuing chapters consider first the general methods of application, then the individual technique for specific conditions.

Several chapters are devoted to the physiological effects of the currents on the ner-

vous system, circulation and respiration, elimination, and heat production, and the effect upon micro-organisms.

Fulguration is passed with only a brief mention. With this exception the book is a complete exposition of the subject.

STOVER.

Surgical Applied Anatomy.—By Sir Frederick Treves, F. R. C. S., Sergeant-Surgeon to H. M. the King, Late Lecturer on Anatomy at the London Hospital. New (6th) edition, thoroughly revised. Pocket size, 12mo, 676 pages, 137 illustrations, of which many are in colors. Cloth, red edges, \$2.50 net. Lea & Febiger, Philadelphia and New York. 1911.

This sixth edition has the characteristic features of the work of this distinguished author, with revision in the text mainly relating to the internal secretions, the lymphatic system and anatomy of the abdomen. It is intended for the use of students in preparing for final examinations in surgery, but it is an excellent work for practitioners in brushing up some important details in anatomical matters. The title is well put, in that it deals with those features which are of importance in every day work in such manner as to make that rare combination of precision and interesting reading so seldom encountered in a text book.

W. W. K.

Anatomy. A Manual for Students and Practitioners, by John Forsyth Little, M. D., Assistant Demonstrator of Anatomy, Jefferson Medical College, Philadelphia. Second Edition. Published by Lea & Febiger, Philadelphia and New York.

In this little book, the author has succeeded admirably in condensing into small space, the vast amount of material which appears in the more pretentious works on descriptive anatomy. The book is not a quiz compend, but a manual, which gives the essentials necessary, in a quick review of the different systems and organs of the body.

C. A. F.

Gould's Pocket Medical Dictionary. Sixth Edition. \$1.00 net. P. Blakiston's Son & Co., Philadelphia, Pa.

This neat flexible-back volume merits considerable mention. It makes its appearance as the sixth edition and pronounces and defines 34,000 words, which include the latest in phraseology that occur to the reviewer.

The tables of Arteries, Muscles, Nerves,

Bacteria, etc., together with the thermometric scales and the new dose lists based upon the eighth U. S. Pharmacopia, are very accessible and thoroughly dependable.

On the whole the dictionary contains about the greatest amount of information on medical matters which one could gather between two covers in a book of this size.

J. B. D.

Diseases of the Stomach, With Special Reference to Treatment, by Charles D. Aaron. ScD., M. D., Professor of Gastroenterology and Adjunct Professor of Dietetics in the Detroit College of Medicine; Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine; Consulting Gastroenterologist to Harper Hospital. With 42 illustrations and 21 plates. Lea & Febiger, Philadelphia and New York, 1911.

The reading of this work has convinced your reviewer that the author has made a valuable contribution to the literature on diseases of the stomach. It is intensely and intentionally practical and therapeutic, and therefore of especial value to the general practitioner. While the work is written with special reference to the treatment of diseases of the stomach, the causes, symptoms, pathology and diagnosis are set forth clearly and concisely.

The very latest and best are presented, as for example, Einhorn's "Thread Test" for ulcer and its location, Einhorn's methods of duodenal feeding and pyloric dilatation, the use of fibrolysin, etc. The author does well, too, again to emphasize the intimate relation of eye strain to many gastric neuroses in which the gastric symptoms are those only in evidence.

P. J. P.

Collected Papers by The Staff of St. Mary's Hospital, Mayo Clinic, Rochester, Minnesota, 1910. Philadelphia and London; W. B. Saunders Company, 1911.

These papers are contributed by twenty different men and are divided into the following subdivisions: Alimentary Canal, 28 papers; Hernia, 1 paper; Genito-Urinary Organs, 8; Ductless Glands, 7; Head, Neck, and Excretories, 3; Technic, 1; General Papers, 6.

The volume contains 633 pages. It is well bound and the print is good. The illustrations and cuts are excellent and numerous. As these are papers that have been read before different medical societies,

there is necessarily much repetition when the papers have been on the same subject. There is great similarity also between many of the papers in this volume and in the first volume of the collected papers. This similarity has been the greatest charm of the papers to me. Take any subject discussed, the diagnosis of kidney lesions, for instance, read all of Braasch's papers serially, and notice how his increased experience leads him to continually new conclusions. Quite every paper contains some new point, even if written only a month or two after the preceding one. This is one of the great charms of surgery and is well exemplified by these papers if read as suggested.

None of us reads all the journals, so some of these papers are seen for the first time. Even those that have appeared in the medical publications we habitually read, are here much more accessible than in a file of old medical journals. Reprints are comparatively valueless as used by most doctors, so the need of these bound volumes of papers is a real one. The subjects discussed are those that have been most in the minds of all surgeons during the last year.

F. C. B.

Electricity, Its Medical and Surgical Applications, Including Radiotherapy and Phototherapy.—By Charles S. Potts, M. D., Professor of Neurology in the Medical-Chirurgical College of Philadelphia, with a Section on Electrophysics by H. C. Richards, Ph. D., and a Section on X-rays by H. K. Pancoast, M. D., of the University of Pennsylvania. Octavo. 509 pages, with 356 illustrations and 6 plates. Cloth, \$4.75 net. Lea & Febiger, publishers, Philadelphia and New York, 1911.

This work is a very welcome addition to the literature of the subject; it is quite comprehensive, as it includes chapters on light therapy and diagnosis, electro-mechanical vibration and Roentgenology, all of them handled in a sufficient and clear manner. The author's style is pleasing and his illustrations, most of them original, very clear and well explained.

Among the subjects of the various chapters are: Electrophysics, Electro-physiology, Electro-diagnosis (the exposition of the reaction of degeneration is especially good), General Electro-therapeutics, and a number of chapters on special electro-therapeutics, in which the special applications and the

methods applicable to individual conditions are set forth. The writer shows a practical familiarity with Massey's method of mercuric cataphoresis of malignant tumors. At the close of the book are chapters upon Roentgenology, which outline the principles of the subject very clearly. G. H. S.

Progressive Medicine. Edited by Hobart A. Hare, M. D., Philadelphia. Vol. XIII., No. 4, December, 1911. Price, \$10.00 per annum. Lea & Febiger, Philadelphia.

The fourth number of the thirteenth volume of *Progressive Medicine* comprises the usual well digested resume of practical progress in medicine for the past year in the following subjects: Diseases of the Digestive Tract and Allied Organs, R. S. Lavenson; Diseases of the Kidneys, John Rose Bradford; Genito-urinary Diseases, Charles W. Bonney; Surgery of the Extremities, Shock, Anesthesia, Infections, Fractures, Dislocations and Tumors, Joseph C. Bloodgood; and a practical Therapeutic Referendum, H. R. M. Landis. The last section will appeal particularly to the internist; Dr. Bloodgood's, which is well illustrated, to the surgeon. By easy reference through the index to the great storehouse of up-to-date information embodied in these volumes, the practitioner, will repeatedly gain points which will be invaluable in the treatment of disease and the building up of professional reputation. E. C. H.

Orthopedic Surgery.—By Edward H. Bradford, M. D., surgeon to the Boston Children's Hospital; consulting surgeon to the Boston City Hospital; professor of orthopedic surgery, Harvard Medical School; and Robert W. Lovett, M. D., associate surgeon to the Boston Children's Hospital; surgeon to the Infants' Hospital, the Peabody House for Crippled Children, and the Massachusetts Hospital School for Cripples; associate professor of orthopedic surgery, Harvard Medical School. New York: William Wood & Co., 1911.

This is a handbook of Orthopedic Surgery containing 410 pages. It is well bound, printed on good paper, with a plain, large type. It is very profusely and well illustrated.

It gives the treatment used especially at the Boston Children's Hospital. The book is divided into twenty chapters. The first

five deal with Tuberculosis of the Bones and Joints, Spine, Hip, Knee, Ankle and other joints.

Infectious Osteomyelitis is given only five pages, with two-thirds of a page given to illustrations, showing how condensed the work is. Arthritis Deformans is given only eighteen pages, and yet few men are familiar with the simple facts of this disease. One chapter is devoted to Flat Foot. It should be read by every doctor.

There is no question but that this short treatise by authoritative men is a work of very great value. Most practitioners are discouraged by a large book on Orthopedic Surgery. This work should greatly stimulate general interest in the whole subject. It is ideal for the student and invaluable to the practitioner. F. C. B.

The Treatment of Fractures.—With Notes Upon a Few Common Dislocations. By Charles L. Scudder, M. D., Surgeon to the Massachusetts General Hospital. Seventh edition, revised and enlarged. Octavo volume of 708 pages, with 990 original illustrations. Philadelphia and London. W. B. Saunders Company, 1911. Polished buckram, \$6 net; half morocco, \$7.50 net.

The seventh edition of *The Treatment of Fractures*, by Scudder, is a most satisfactory work for both the student and practitioner. The descriptions of the various fractures are full and lucid, the illustrations excellent, and the directions for treatment thorough. H. L. T.

A Textbook of Pathology.—By Delafield and Prudden. Ninth edition. William Wood & Co., 51 Fifth avenue, New York.

This new edition by these well known authors scarcely needs any commendation, but attention should be called to a few features. The articles on Hydrophobia, Wasserman's Reaction, the Relations of Micro-Organisms to Disease, History of Research in Regard to Tumor Formation, Lesions produced by Poisons, and the making of postmortem examinations, are good and deserve special mention. The illustrations and plates of both macroscopic and microscopic specimens are excellent. The efficiency of the work would be improved if the authors were more direct and positive in their statements. The foot-note references are a valuable feature. N. B. N.

MEDICAL PROGRESS—Continued

from trachoma. In the Kentucky Institution for the blind, Dr. W. O. Bailey found recently that 45 per cent of the inmates were blind from trachoma, and 26 per cent from ophthalmia of the new born. Trachoma is said to be prevalent in the Colorado State Home for Dependent Children.

An Aid in the Diagnosis of Chronic Appendicitis.—To differentiate salpingitis, gall-bladder trouble and gastric or duodenal ulcer, Joseph B. Bacon (*American Journal of Clinical Medicine*) gives a dose of castor oil, when within 24 to 36 hours, if the appendix is abnormal and should be removed, distinct tenderness of the organ can be shown on palpation, which is not true of the other conditions mentioned. Dr. Bacon bases his belief on the efficacy of this plan upon seven years' trial thereof.

The Fly-Blister and Immunity.—Lawrence F. Flick (*Monthly Cyclopaedia and Medical Bulletin*) says that the fly-blister not only depletes the parts in which the disease process is going on, but it draws to the surface blood serum, which contains the antitoxin set up by the disease process. If this blood serum is allowed to be absorbed after it has been drawn into the cuticle, it sets up a reaction and produces a certain immunity against the etiologic microorganisms. My leaving the fly-blister on only an hour, and then raising the blister with hot towels, the cuticle retains sufficient firmness to hold the serum until it can be absorbed. This method, he asserts, is a valuable resource in the treatment of diseases in which immunity must be established before recovery takes place, and it is one of our most valuable assets in the treatment of tuberculosis.

Anesthesia and the Blood.—Both ether and chloroform anesthesia have a hemolytic effect (*American Journal of Surgery*), which is followed by a compensatory polycythemia; also by 30 per cent increase in the leucocytes, beginning during anesthesia and lasting about 24 hours. Leucocytosis is also induced by saline infusion and purgation.

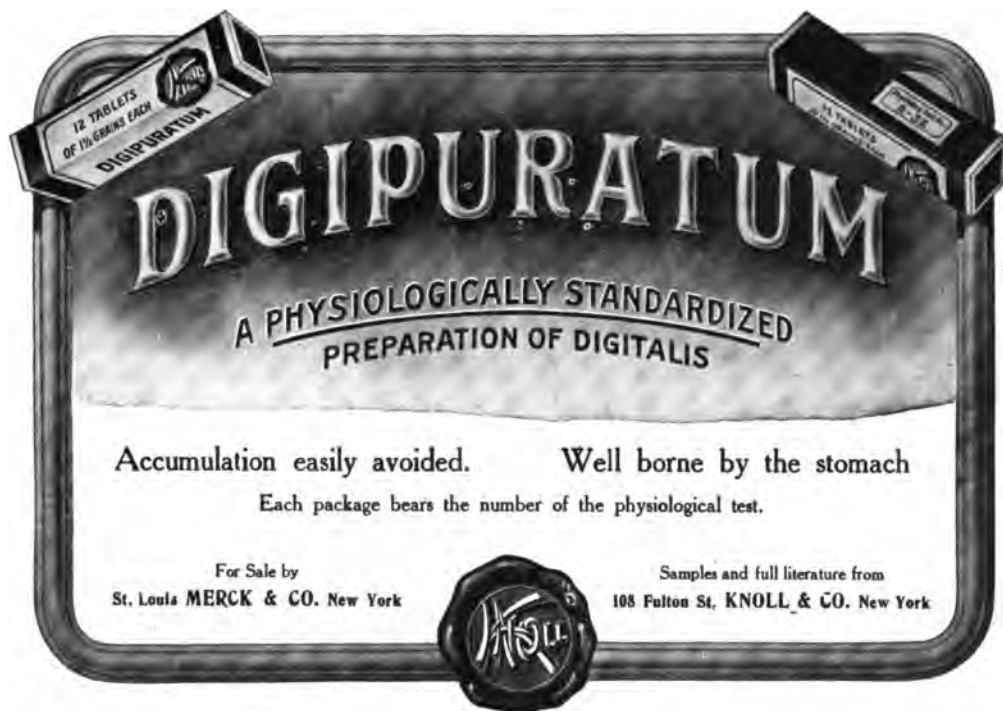
An Improved Method of Inspection.—Mark I. Knapp (*New York Medical Journal*, Nov. 18, 1911), directs to have the patient in the

horizontal posture for inspection of the pelvic and abdominal organs—erect for inspection of the thoracic organs, the spleen and kidneys. The eyes should be brought to the level of the skin, watching for "a delicately moving line just beneath the skin, which line, so to speak, scrapes the undersurface of the skin." The kidneys can be seen as oval-shaped bodies, about one inch from the spine and two inches above the crests of the ilia. They recede with inspiration and come down suddenly with a jerk at the end of expiration, unless displaced. The spleen, moving like the kidneys, can be seen at the left of the axillary line below the ninth rib. Adiposity offers no hindrance to such methods of inspection.

Wassermann's Reaction and Cancer.—Foerster's conclusions (*Indianapolis Medical Journal*), are: 1. As an active etiologic factor syphilis plays a small role in cancer, if any at all. 2. Lingual epithelioma is far more frequently preceded by syphilis than any other form of cancer. 3. It is doubtful whether lingual cancer should be placed amongst the parasymphilitic lesions. 4. It is possible to prepare an antigen extract for Wassermann's reaction from purely cancerous material. 5. A serodiagnosis of cancer on the lines of Wassermann's reaction is at present not possible. Foerster points out that Wassermann's is not a specific reaction, having been found in leprosy, yaws, malaria, puerperal eclampsia and lupus erythematosus.

The Sheet Crutch.—For uterine curettements, rectal operations and other work requiring the lithotomy position, J. M. Perkins uses a sheet to support the lower limbs, tying one end around each thigh above the knee, and passing the sheet over one shoulder and under the other, so avoiding undue pressure upon the neck.

Neoformans Vaccine in the Treatment of Cancer.—Alfred Potter (*Medical Record*, Nov. 25, 1911) reports twelve inoperable cases treated with a vaccine prepared from the micrococcus neoformans, in doses of from 25,000,000 to 100,000,000, with improvement in nine of the patients. Relief of pain was immediate, malodorous discharge diminished, bleeding stopped, and the disease seemed to be checked.



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STERILIZATION OF DEGENERATES.

Indiana has been the the pioneer in the movement to lessen the evils resulting from the propagation of the unfit by the passage of a law in 1907, providing for the sterilization of defectives, which reads as follows:

A Bill for an Act, entitled an Act to Prevent Procreation of Confirmed Criminals, Idiots, Imbeciles and Rapists; providing that superintendents and boards of managers of institutions where such persons are confined shall have the authority and are empowered to appoint a committee of experts, consisting of two (2) physicians, to examine into the mental condition of such inmates.

Whereas, Heredity plays a most important part in the transmission of crime, idiocy and imbecility;

Therefore, Be it enacted by the General Assembly of the State of Indiana, that on and after the passage of this Act it shall be compulsory for each and every institution in the state, entrusted with the care of confirmed criminals, idiots, rapists and imbeciles to appoint upon its staff, in addition to the regular institutional physician, two (2) skilled surgeons of recognized ability, whose duty it shall be, in conjunction with the chief physician of the institution, to examine the mental and physical condition of such inmates as are recommended by the institutional physician and board of managers. If, in the judgment of this committee of experts and the board of managers, procreation is inadvisable, and there is no prospect of improvement of the mental and physical condition of the inmate, it shall be lawful for the surgeons to perform such operation for the prevention of procreation as shall be decided safest and most effective. But this operation shall not be performed except in cases that have been pronounced unimprovable. Provided, That in no case shall the consultation fee be more than three (3) dollars, to be paid out of the funds appropriated for the maintenance of such institution.

This is a long step in the right direction. Under the provision of this law, women may be subjected to steri-

lization methods as well as men; the operation consists in tying the fallopian tube in women, the vas deferens in men.

A law was adopted by the California Legislature in 1909, which follows very closely the Indiana statute. It reads as follows:

Whenever, in the opinion of the medical superintendent of any State Hospital, or the superintendent of the California Home for the Care and Training of Feeble Minded Children, or the resident physician in any state prison, it would be beneficial and conducive to the benefit of the physical, mental or moral condition of any inmate of said state hospital, home or state prison, to be asexualized, then such superintendent or resident physician shall call in consultation the general superintendent of state hospitals and the secretary of the State Board of Health, and they shall jointly examine into all the particulars of the case with the said superintendent or resident physician, and if in their opinion, or in the opinion of any two of them, asexualization will be beneficial to such inmate, patient or convict, they may perform the same; provided, that in the case of an inmate or convict confined in any of the state prisons of this state, such operation shall not be performed unless the said inmate or convict has been committed to a state prison in this or some other state or country at least two times for some sexual offense, or at least three times for any other crime, and shall have given evidence while an inmate in a state prison in this state that he is a moral or sexual pervert; and provided, further, that in the case of convicts sentenced to state prison for life who exhibit continued evidence of moral or sexual depravity, the right to asexualize them, as provided in this act, shall apply, whether they have been inmates of a state prison either in this or any other state or country more than one time. (Statutes, 1909, p. 1093.)

Iowa has passed a law effective since July 4, 1911, which is somewhat broader in scope than either of the above, in that it includes feeble-minded, drunkards, drug fiends, epileptics and syphilitics in the list of those who may be asexualized if a commission determines that it is improper or inadvisable to al-

low such inmates to procreate. In this statute, the operation of vasectomy is specifically mentioned.

Section 2 of the Statute prescribes a penalty of not more than one thousand dollars (\$1,000.00), or imprisonment in the county jail not to exceed one year, or both, for the performance of this operation for the purpose of destroying the power to procreate the human species, unless the same shall be a medical necessity.

Connecticut and New Jersey have similar laws. Michigan and North Dakota have passed laws for the purpose of preventing marriage among defectives. Matrimony is not always necessary to propagation and these laws have a tendency to restrict procreation only among the more moral and intelligent class, while the most undesirable class goes on reproducing its kind illegitimately.

Dr. H. C. Sharp, of the Indiana Reformatory, the pioneer in the operation of vasectomy, which consists of ligating and resecting a small portion of the vas deferens, has performed this operations 310 times since 1899 and has this to say:

This operation is indeed very simple and easy to perform. I do it without administering an anesthetic either general or local. It requires about three minutes' time to perform the operation, and the subject returns to his work immediately, suffers no inconvenience, and is in no way impaired for his pursuit of life, liberty and happiness, but is effectively sterilized. I have been doing this operation for nine full years. [This was written in 1908.] I have never seen any unfavorable symptoms. There is no atrophy of the testicle. There is no cystic degeneration. There is no disturbed mental or nervous condition following, but, on the contrary, the patient becomes of a more sunny disposition, brighter of intellect, ceases excessive masturbation, and advises his fellows to submit to the operation for their own good. And here is where this method of preventing procreation is so infinitely superior to all others proposed—that it is endorsed by the subjected persons. All the other methods proposed place re-

strictions and, therefore, punishment upon the subject; this method absolutely does not. There is no expense to the state, no sorrow or shame to the friends of the individual, as there is bound to be in the carrying out of the segregation idea.

Degeneracy is a defect. It is incurable. It is transmissible. Heredity plays an important part in the increase of defectives and some physical means should be employed to prevent propagation of these unfit. Restrictive legislation has done a good work in limiting the evil among the defectives themselves, but is not far-reaching enough. To prevent marriage of the unfit does not greatly effect the evil. To prevent procreation is the only restrictive agent of any force. These restrictive laws have done good in another way, however, by developing the interest of the public in the importance of practical eugenics and in bringing home to all intelligent minds the advisability of prevention of procreation in defectives. To segregate all defectives is too expensive. To limit their possibilities for harm is logical, free from shame to the afflicted ones, in that there is no restriction placed on their marriage, no loss of sexual power, since ejaculation may still occur from the visculae seminales; their power to procreate is absolutely prevented.

The Indiana law is safe, sane and logical. It strikes at the root of the evil. It should be adopted by the State of Utah and will be if sufficient interest be developed in the medical profession, from whom must come the initiative.

Sterilization of the unfit is a health measure, and a rational and undoubted protection to society, without any element of torture or any interference with the right to life, liberty or the pursuit of happiness.

Castration on the other hand has an element of uncertainty, deaths have followed the operation, it involves mutilation, it prevents procreation by removing the power to perform the sex-

ual act. The patient becomes morose on account of the deformity and the loss of the internal secretion of the testicle.

Vasectomy does not deform and leaves the patient in a better mental condition.

As to the criticism that this operation might be performed unnecessarily, sufficient safeguards are provided in the statute to limit the performance of this operation except in certain well defined cases.

Degeneracy may indubitably be transmitted. Any measure that tends to prevent propagation of degenerates is necessarily preventive of crime.

Most of the insane, epileptic, imbecile, idiotic, sexual perverts; many of the confirmed inebriates, prostitutes, tramps, and criminals as well as to the habitual paupers found in our county poor asylums; also many of the children in our orphan homes belong to the class known as degenerates. For this condition to go on unchecked means eventually a weakening of our nation."

As to the right of the state to pass such a statute, the Attorney-General of California has this to say:

If under the constitution the state may so far interfere with the right to contract as to prohibit the marriage of epileptics, it would seem that, considering the measure for the sterilization of defectives solely as a preventive and a health measure, it would to no greater extent violate the federal constitution or the civil rights bill. It may also be considered as an additional protection to the marriage relation for intercourse under the sanction of the marriage law is the only intercourse between the sexes recognized by the law, and if the state may absolutely prohibit such intercourse between epileptics in the marriage relation, it would seem that it would have the power for the protection of society to take these absolutely preventive measures, especially as their effects upon the subject are innocuous.

Laws of this nature result as an expression of the conviction of society

that disease is largely preventable by proper precautions and that even at the cost of restricting what in other days was regarded as the individual's right, these laws must be observed.

The science of eugenics is the study of the evolution and progress of mankind through improved conditions in the relations of the sexes. To bring forth better babies, to raise a higher type of human being—that is the aim of eugenics. "The best gift to a baby is a healthy father and mother—physically, mentally, morally healthy," and the aim of such a law as the sterilization of defectives is to limit the burden of disease and degeneracy now born by an increasing number of our nation's young. Such a law is right, just to all and humane. Dr. Bogart, of Indiana, says:

I know of no element of human progress that has so nearly met all the expectations for good and has remained so entirely free from all evils, anticipated or otherwise, as has sterilization by vasectomy.

The possibilities of sterilization are boundless. Shall Utah claim her right to be called one of the most progressive states by enacting this law on her statutes?

It rests with the physicians of the state to take the initiative in arousing popular interest.

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OUR WORKING GIRLS.

A Noble Example Worthy of Imitation.

I dare say few of my readers have given a thought to or reflection on the condition, environment and necessities of the hundreds,—yea, thousands of young girls in the towns and cities who, thrown upon their own resources, orphans, perhaps, have to earn their own living. Their condition should appeal to every parent, to every man with a heart in his bosom and worthy the name of man. In the stores and ships,

the laundry, the bindery, the telephone exchanges, there are hundreds of girls, some of very tender age, who are bravely battling with life, striving to maintain their purity and self-respect upon \$3 to \$5 a week! They must be lodged, must eat and dress—yes, they must present a neat appearance to wait upon the ladies or lose their place—on 50 cents a day. Suppose one should get sick, or lose her employment—what would become of her? Those who have homes, however humble, and parents, or perhaps a widowed mother, fare a little better; they have a shelter, at least. But many go from the country and, being unskilled, unqualified to teach or sew or do any skilled or special work—fill the lowest positions, and in some of the stores and shops are paid as low as 50 cents a day. They occupy a cot in the hall or stairway, or a cuddlyhole, with some poor family in squalid surroundings; live on rice and molasses, cheap breakfast foods and canned goods, half starved, and they must launder their poor, scant clothes, perhaps after a hard day's work on their feet. They have no amusement, no recreation, go nowhere, have no time to read, have no books, and should a male friend wish to visit them, they have nowhere to receive him—they must go to the parks, the picture shows or on the streets. The vultures of society take advantage of their necessities and temptations, and take them to places of amusement, to the restaurants,—persuade them to take wine, perhaps, and “lend” them more money than they can make in a month by the hardest work. Do you wonder that they sometimes fall—that they are driven by hunger and temptation to lives of shame, to feed the houses more voracious and dreadful than Moloch, the fire god of the Ammonites? “Like the snowfall on the river,” they are “white a moment, then gone forever.” What follows every doctor knows too well. They can never escape, they are

slaves for the remainder of their short and wretched lives. They contract the loathsome diseases, and dissolute husbands carry it into hundreds of homes; and infected wives, with wrecked health, bring forth blind or feeble children and go, sooner or later, to the gynecologist's table. Morrow says seventy per cent of the ovariectomies are for infective salpingitis, and that ninety per cent of all adult males have venereal disease at some period of life.

The good women of Austin are working to save these innocents. Two years ago they had “tag day” and realized nearly three thousand dollars. Since then they have raised as much more, and have established a Girls' Co-operative Home. They purchased a fine property for \$12,000, in the heart of the city, and have paid half of the purchase money.

In the home the girls are lodged in clean rooms and beds. Their earnings are clubbed and they are fairly fed. They are under the eye of a matron. They have a piano, books, magazines and papers, and when a friend calls they receive and entertain him a respectable manner. Thus is their self-respect fostered, and thus are they enabled to rest, have recreation and be fitted for the labors of the morrow.

Thus aided and protected, they will in time become virtuous wives and mothers. It is so much better and easier to save a girl than to “rescue” her; to form a character than to “reform” it. Yet millions are spent by philanthropists for the foundation and support of “rescue” homes, but not a dollar for a “saving” home. To buy and endow this home would be a monument for some humanitarian more enduring than brass or marble. The altruists are not all dead, but those who would, can not; and those who can should be glad to aid in this great humanitarian work, the greatest of the age.

It is truly remarkable that a civilized people will ignore causes and continue

forever to strive to remedy or cure evil results of causes easily preventable. We let our children burn their fingers—then put salve on them. We pollute our streams with human excrement, then filter the water, and when typhoid fever breaks out, wonder where it came from. We permit flies to breed and put up screens to keep them out. We build places for the ever increasing insane, and strong pris-

ons for the criminal, but permit the sale of poisons, liquor, morphine, cocaine and chloral, liquor being responsible for forty-six per cent of the former, and fifty per cent or more of crime,—and “Jones, he pays the freight.” That is the taxpayers pay one million a year for the care of the insane in Texas, and God only knows how much for the criminal!—Dr. F. E. Daniel, Texas Medical Journal.

ANTIPYRETICS—THEIR USE AND ABUSE.

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There is no symptom more frequent, and none unless it be pain, which is more prominent, or which in the minds of the laity, more urgently demands relief, than that of fever. It is universally regarded, and rightly so, as evidence of the existence of some pathological process. And the almost equally universal demand is for something to “reduce the fever.” The therapeutic agents which accomplish this result we term antipyretics. In order to properly appreciate the use of antipyretics, it will be necessary to consider first the significance of fever.

The degree of heat which is maintained in the body in health, and this regardless of external conditions, we call normal temperature. So nicely is the balance adjusted between heat production and elimination that it is not affected by the cold of winter or the heat of summer. Under certain conditions, heat production exceeds elimination, and a rise in temperature results. It may be an increase in production, or a decrease in elimination or both. This rise in temperature we call fever.

Fever is not a disease; but a part of the symptom complex of nearly all acute, and some chronic diseases. It is

only a symptom, though usually a prominent one; and is nowhere found as a disease entity. And such terms as “typhoid fever” and “malarial fever” are to this extent misnomers. They do not indicate variations of a common pathological condition called “fever;” but are entirely separate and distinct, with one point in common—an abnormally high temperature.

Fever, being a symptom, is then not a cause but an effect. This point we should bear clearly in mind. Not being the cause of any disease, its reduction cannot be curative per se. While it is true that very few acute diseases occur without some variation in temperature; the converse, that to bring the temperature to normal will cure, is by no means true. On the contrary, to arbitrarily reduce the temperature often gives a false sense of security, and masks the real progress of the disease. Fever is one of nature’s danger signals. And to remove this signal by antipyretics will no more relieve the danger than will the destruction of a storm signal insure a safe voyage to the mariner.

Fever being, as we have already noted, an accompaniment of nearly all acute diseases, its presence speaks strongly in favor of some pathological

process. Not only does it tell us that our patient is suffering from some disease; but many diseases have distinct temperature curves which are more or less pathognomonic. The thermometer, intelligently used is, therefore, a valuable instrument of diagnostic precision. The temperature curve is an important guide to the progress of the disease. It indicates as well the resistance of the patient. A careful study of the fever chart will give much valuable information. And the fewer the unknown quantities in the way of antipyretic medication the more accurate will be our deductions.

Antipyretics not being curative, indications for their exhibition must be predicated on some other action. And this leads to the question whether artificial reduction of temperature is beneficial. The question of the danger to the human organism from an abnormally high temperature is a problem difficult of absolute demonstration. But reasoning from analogy, it would appear that within certain limits, fever is a conservative process. In cases of acute indigestion, diarrhoea, while an exaggeration of a normal function, is decidedly beneficial; and until the cause is removed, the bowels cannot be locked up with impunity. On the other hand, diarrhoea, when allowed to go entirely unchecked, may result disastrously. So fever, uncontrolled, may prove an injury, or even a positive danger. But because an uncontrolled fever may be dangerous, it does not necessarily follow that to artificially eliminate fever is beneficial.

Fever—or rather the processes resulting in an increased heat production—are used by nature to combat the invasion of the system by disease. The presence of a pathological condition in the body without any variation in temperature means one of two things, either the lesion is so completely localized that there is no absorption of poisons, or else nature is making no fight

against the invaders. Fever being the result of the battle between the system and the disease, the reduction of temperature by any other means except increasing heat elimination must be by inhibiting this resistance on the part of nature—limiting heat production.

It is claimed that the exhibition of such drugs as aconitine and veratrine at the beginning of many acute diseases will arrest their further progress, or at least greatly modify their course. This may be, and doubtless is, true to a certain extent. This curative action, however, is not due primarily to the reduction of temperature; but rather to the re-establishment of the disturbed equilibrium of the normal metabolic processes. And the drop in temperature registers the result. Many times the exhibition of these drugs does not prove curative; and in septic conditions there may be no marked change in temperature. In such cases their continued use is of doubtful benefit, if indeed it is not positively injurious.

The agents used to reduce temperature by increasing elimination I shall call **natural** antipyretics. Because this is the method used by nature to maintain the normal balance. When a man does severe physical labor there is increased tissue destruction resulting in increased heat production. Nature does not attempt to maintain the temperature balance by limiting this production, but by increasing the elimination. And the therapeutic agents which reduce the temperature by inhibiting heat production I shall call **artificial** antipyretics.

There are other remedial agents which cannot be directly placed in either of these two classes, and yet under certain conditions they are the remedies **par excellence** to not only control, but to remove fever. I refer to those measures which eliminate the symptom by removing the cause. As for instance, in the acute digestive disturbances of childhood, a purgative is

our most reliable, and certainly our most rational antipyretic. A good dose of castor oil will bring the temperature to normal within a few hours. If the condition be an abscess there is no antipyretic equal to the knife. These, for want of a better name, we may call "indirect" antipyretics. And their action as such depends entirely on the indications for their use.

We should never forget that fever is merely a symptom, and that our first duty is to determine the cause. Having found the nature of the lesion, treat it. Make the question of temperature always secondary, not primary. If the cause can be removed, we need not be concerned about the effect. We are frequently told to treat the patient, not the disease. This is true to the extent that our treatment should be adapted to each individual case. But we should by no means rest content until we have arrived at an accurate diagnosis. A fireman wastes no time fighting the smoke, but directs all his efforts toward discovering and extinguishing the blaze. An osteo-myelitis will not yield to anti-rheumatics; nor will eye-strain be cured by headache powders and stomachics. Treat the patient, make him as comfortable as may be; but don't forget to search out the cause.

Those antipyretics which reduce the temperature by increasing elimination—which we have called "natural," imitate the physiological method of controlling body heat. Therefore, when used intelligently, there is little danger of injury to the organism, and they are in many cases of decided benefit. Foremost among this class of antipyretics is water, used externally and in-

ternally. The temperature and method of application must be governed by the condition of the patient. Rapid reduction of temperature is not indicated except in extreme cases. Ordinarily only such measures as accomplish the reduction gradually and without shock should be employed. Any treatment which leaves the patient shivering and blue is, to say the least, of doubtful benefit. The introduction of hydrotherapy in the treatment of disease marked a distinct advance, but its therapeutic limitations should be carefully observed. It is not a cure all. And its application should be adapted to each patient. To use a fixed routine of treatment for all cases is no more the practice of scientific medicine than the prescribing of a certain dose of strychnia to each and every patient, regardless of indications.

That class of antipyretics which I have called "artificial," chief among which are the coal-tar derivatives, have no therapeutic indications for their exhibition. (I am speaking now of these drugs simply as antipyretics.) When used in sufficient dosage, they will undoubtedly reduce temperature; but their action as systemic depressants more than outweighs any beneficial effect as antipyretics.

We should, then, remember, that fever is a symptom, not a disease, with a distinct diagnostic value. That its reduction is not curative per se. That within certain limits it may be considered a conservative process. That the therapeutic indications is for control, not abolition. And that this should be accomplished only by the use of "natural" antipyretics.

Foss Building.

THE SOCIAL EVIL.

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Prostitution is one of the most important and vital problems with which society has to deal. It is the worm in society's bud—a cancer on the body social, very near its heart. The subject is tabooed in polite circles and dealt with by society somewhat after the fashion of the traditional ostrich, seeking safety by burying its head in the sand. When the social evil is mentioned, society either stops its ears and covers its face with its hands—to conceal blushes not always quite innocent—or runs away from the issue altogether. He who undertakes to "grasp the bull by the horns" and publicly meet the question fairly and squarely is persona non grata in circles polite and ethical. Where the "shoo-fly" treatment is not indulged in, maudlin sentiment comes into play, and is worse than the other.

Prostitution is a condition, not a theory. It is an unavoidable disease of society, under present social and economic conditions. That it is a "necessary evil" when reduced to its ultimate is an open question. Under the old patriarchal system it was probably limited in its scope, from the standpoint of professional prostitution. That clandestine prostitution, or some form of illegitimate relation, existed under the old regime is unquestionable. The less wealthy males probably did not supinely submit to the monopoly of the females by their more fortunate brethren. It is probable also that the monogamous custom finally evolved by highly developed social systems has increased the proportion of prostitutes. The fact that no advanced social system can or will tolerate polygamy, and that the evolution of monogamy has made for the betterment of society do not disprove this assumption.

History and ethnology show the greatest variation in the attitude of society towards the relations of the sexes. The Moslem of today is a little old-fashioned in his views. Solomon was accounted a wise and God-fearing man, and a just. History has not reflected harshly on his nine hundred wives and concubines; neither has it wept maudlin tears over them. They seem to have been lost in the glory and glitter of the old wise one's court.

It is significant that social systems which have been free from prostitution have been barbarous or semi-barbarous. The ancient Germans did not tolerate it, and certain Siberian and African tribes are today free from it. The rise and fall of prostitution seems, in general, to correspond to the degrees of progress in civilization. That it is an ancient institution the Scriptures prove. Its seeds were primarily sown in the shade of a vitiated religion in Asia, where prostitution is today a recognized social and often religious institution. As their varying fortunes drove men to seek new fields in the West and Europe began to be settled, prostitution followed them in their migrations. In the medieval cities of Europe the brothel became a recognized factor in civilization, and it has never since lost its position.

The vigor with which prostitution has flourished has varied; sexual vice has not been a constant and invariable social quantity. Conditions have varied from time to time, from the grossest immorality to comparative decency. This, doubtless, is due to the fact that the causes of prostitution are not uniform, either in quality or quantity, although always in operation. This fact is optimistic in its bearing, and suggests that some of the causal factors are

partially controllable, even though they cannot as a whole be removed.

Prostitution has been discussed from many standpoints. Moralists and sociologists alike have striven to the betterment of the conditions underlying it. Neither alone nor in combination have they succeeded in **suppressing** or in any great measure **repressing** the evil. The moralist has accomplished something, it is true. Strict adherence to the tenets of religion has saved many a man and woman from sexual vice. But these brands plucked from the burning have been individual, and the resulting impression upon the evil at large has been inappreciable. In some instances the moralist has entertained such peculiar views of the social evil that it is inconceivable that such men and women could ever exert a beneficial influence upon conduct in any direction. I once heard a well-known clergyman, distinguished for his heterodoxy and alleged liberality, say that his remedy for the social evil would be to "apply the torch to every bagnio in Chicago and reduce it to ashes, inmates and all." Whether this was an emotional "play to the gallery" or not, I cannot say, but it is noteworthy that the reverend gentleman appropriated certain sociologic and physiologic views expressed in the discussion of his remarks, and promulgated them, *verbatim et literatim*, as his own from the pulpit the following Sunday. The newly awakened thought had grown until the bigot was lost for the nonce in the plagiarism of a new idea.

Such causes of prostitution as love of excitement, dress and jewelry, temptations by unprincipled men, necessitous circumstances and alcohol, are thoroughly ventilated in most discussions of the subject. Moralists and sociologists alike forget the physiologic side of the question. The depraved love of man for woman is, with some alleged philosophers, the chief cause of the social evil, even economic causes occupying a subsidiary position. The normal physi-

ologic love of man for woman, the normal love on the one hand and the depraved on the other of woman for man are left out of consideration entirely, and yet the "drugged wine" of the modern Lothario usually owes its potency to the poison instilled into the ear of Eve by the ancient serpent. At any rate there has been more hell's brew instilled in Venus' workshop than ever came out of the chemist's laboratory.

Whatever argument may be brought to bear upon the social evil, nothing can controvert several fundamental propositions, viz.: (1) Prostitution has always existed in society in one form or another; (2) its frequency and forms have adapted themselves to the conditions imposed by the customs of each social system; (3) latter-day social and economic conditions are favorable to prostitution; (4) prostitution keeps pace with civilization. As this advances prostitution increases. The proportion of prostitutes is greater today than formerly. (5) Modern industrial enterprises are peculiarly productive of conditions favoring prostitution; (6) prostitution is responsible for a large proportion of the diseases that afflict humanity; (7) no universally effective methods of repression or regulation have ever been devised; (8) suppression is an absolute impossibility under present conditions. Prostitution will continue as long as human passions, uncontrolled by higher ideals and ambitions, dominate the human will. It will also continue so long as social and economic conditions put matrimony beyond the reach of a large portion of the male population and make honorable self-support impossible to the great majority of females. He who raises the cost of subsistence is the brothel's friend.

It would appear that nature primarily designed man as a polygamous animal. The exigencies of society and instinctive social self-defense in response to the ethics of altruism have made him

in most countries a monogamist. In other words, he is monogamist from social policy and not by inclination. Atavism holds here, as elsewhere, and man's struggle onward and upward is not always a brilliant success—merely because man's discipline of himself has been based on false premises.

Theory aside, prostitution results from a complex of causes, chief among which are man's desire to buy and woman's willing response to his desires for reasons that reach far back into social economics. Man fights the battle of life with such weapons as nature has given him—so does woman—and her chief weapon is her charms. Her charms were designed by nature as the price of existence, under normal conditions of life. She makes the best bargain she can with Fate. She is bound to live, honestly, virtuously, legitimately, if she can; dishonestly, impurely, illegitimately, if she must—unless she chooses suicide rather than social dishonor—and all the moralists, philosophers and lawmakers in the world cannot stop her. Have they the right to stop her without giving her the wherewithall to live?

Woman's own physiology must not be forgotten. The maternal instinct, crying out in the wilderness of the unattainable, is an advance agent for the brothel. Woman feels that she is entitled to love and protection. Here, again, she often makes the best bargain she can with Fate. If she gets a marriage license by way of boot, all is serene—unless she falls into the remorseless jaws of the divorce mill. If there is no marriage license—if she has made a bad bargain—Well, man may bewail the bad bargain he himself has made with Fate, but neither misfortune nor debauchery makes him a social pariah. Oh, the inevitable unfairness of it! We must have our ideals.

Speaking of economic problems, the question of a living wage is all-important. Chicago's greatest merchant

prince accumulated \$150,000,000. He may figure out for himself how many heartaches and how many prostitutes the sum represents, and I care not whether his figuring is done on tablets of glowing hot brass with an asbestos-covered pencil in the middle of hades or with a diamond-pointed stylus on a gold brick in the grand plaza of heaven. When he gets through with this little mathematical problem, here is an arithmetical tid bit for him: How many prostitutes have his great show-windows made by exciting the desire for finery in the bosoms of the fair sex? Woman is sorely tempted by finery. One day when the electric lights went out in Chicago it is said that the large stores lost over \$15,000,000 worth of stuff by women thieves. These women did not put the lights out with malice prepense and aforethought, and they just happened to be there, and—they were not all female social pariahs. How the specific gravity of morals does pull on one! I hope that some of our modern saints, whose lives are devoted to piling up millions, really find consolation in the museums, libraries, hospitals and other benefactions by which they brazenly "beat the drum in the marketplace."

But social parasites and messmates, dry goods and millinery shops, working girls, human birds of paradise and of prey, are necessary social factors—and so, perhaps, are billionaires and bawds, debauchees, syphilitic paretics and innocent gonorrheal wives.

In citing some of our merchant princes as illustrations of the living wage question and its relation to enormous fortunes and incidentally to the social evil, I disclaim any prejudice against those estimable gentlemen. While I am not imbued with the hysterical appreciation of the millionaire and the methods that characterize society in general, I am perfectly willing to admit that they are the biggest things in the social menagerie, and, as

will be seen from my previous remarks, I am also perfectly willing to concede that they all wear in the hereafter the same halo with which the press decorates them here on earth, and that they are finally given seats at the right hand of the great white throne.

Not only is female virtue the price of subsistence in our great arteries of trade, but it is the price of diversion and relief from the monotony of drudgery. What is the exact price? A good dinner—oh, the rarity of it in her life!—a bottle of wine and a matinee ticket! “Ask the man!” Dress well, work hard, pay street car transportation, laundry, board and noon lunchees on seven dollars a week! So commandeth the millionaire tradesman, the while his wealth rolls up, and by judicious “benefactions” he advertises his wares with money wrung from the under dog and “doggress,” and acquires a reputation as a philanthropist and “public-spirited” citizen.

If there is a hereafter, and I should chance to go below—and I’m not so sure of my religious politics as are some people I have met—I shall much enjoy the sight of the Devil whipping certain pious, public-spirited and philanthropic millionaires round the smoking stump for the benefit of the poor agnostics in hell, and the edification of the social outcasts up in heaven who are enjoying in the cool shadows of the throne the peace and plenty the “good will” of man denied them here. Poor souls! We will all want relief of monotony. A diet of coals below, and even the twanging of celestial harps above, may pall on one.

In yielding to “social stress,” woman in no wise differs from man—her dearest foe—man. He may not become a prostitute—he has no charms to sell—so he becomes a hobo, a thief or a pauper inebriate. Social stress leads man and woman alike to the social garbage heap—to the jail, brothel or almshouse. Just remember the phrase “social

stress.” It saves time in formulating the causes of social diseases.

One of the chief causes of prostitution is woman’s natural assumption of the right to do as she will with her own. This, mingled with the subtle poison to which Eve succumbed, is a quality in psychology that will not down. What wonder that it crops out in woman, and that she sometimes rebels against social “checks?” This is a factor to be reckoned with. Society can never abrogate woman’s personal rights, any more than it can man’s. It has not yet been able to prevent man from becoming a drunkard. Society can, however, so arrange matters that no woman can justly feel that she is compelled to choose between a virtuous death by starvation, or a life devoid of the barest comforts and luxuries, and a life of shame. No social system can ever abrogate woman’s primitive right to make the best bargain she can with the conditions of existence, providing she harms no one but herself—which is another story that leads us far afield in the domain of morals and venereal infection.

The time may come, however, when the fall of a single woman because of grim necessity will be a by-word and reproach to the social system that permits it. Man’s place in nature is definite enough; his position as a social force is not so well understood. Womanhood is the fountainhead of human life, and the foundation stone of society. Man’s duty is to guard it, protect it and keep it pure and healthy, to defend woman from social stress, and if she be of the “better dead”—a prostitute—to eliminate her as an operating social factor, so far as procreation or infection of others is concerned, and to limit in every possible way her power of venereal mischief, once she has fallen under the wheels of the social Juggernaut. Has he done his duty? “**Ask the man.**” And while we are moralizing on prostitution and its train of attendant evils,

let us not forget "the man" and his role in the saddest of human dramas. Especially let us not forget the fearful white slave traffic which flourishes under the very noses, and only too frequently under the protection, of the police. A single white slave is enough to damn any social system that permits the existence of the conditions which produce her.

As to the remedies for prostitution, they comprise everything that will ameliorate the economic conditions of woman, and proper sex education, especially of boys. The dissemination of a knowledge of the venereal diseases

will do more to prevent the evils of prostitution than anything that could be mentioned

Every prostitute becomes diseased sooner or later. The instance is rare when a prostitute follows her trade for a year without becoming diseased. Once diseased, she scatters infection right and left. Gonorrhea and syphilis are responsible for more deaths and disability than all the great wars ever known. Our hospitals, asylums for the blind and for the insane, are full of people who have been shot to pieces in the social war.—*Lancet-Clinic*, January 6, 1912.

SALT LAKE COUNTY MEDICAL SOCIETY.

OFFICERS ELECTED DECEMBER 11, 1912

President—Dr. Frederick Stauffer.

Secretary—Dr. T. A. Flood.

Vice-President—Dr. L. B. Laker.

Treasurer—Dr. R. R. Hampton.

Censor—Dr. R. C. Smedley.

PRESIDENT'S INAUGURAL ADDRESS.

At the meeting held at the Commercial Club, January 8, Dr. Stauffer spoke as follows:

The Salt Lake Medical Association was organized in 1874 with Dr. J. F. Hamilton as its first president. Its name was changed to that of the Salt Lake County Medical Society in 1894, but I have been unable to familiarize myself with the early history of the society, as all records of its proceedings prior to 1897 are missing. I became a member of the society in 1894 and have been more or less familiar with its proceedings since that time.

To say that we have advanced with the tide of medical education from semi-empiricism to nearly an exact science since the organization of the society is not overstating the facts.

One need look only twenty years into the past and recall the teachings of that day to appreciate the progress that has been made. Koch had taught us something about tuberculin treatment for tuberculosis, but diphtheria antitoxine with its benefits to humanity had not made its advent. Up to a much more recent date malaria and yellow

fever were taught to be due to miasmata, while the mosquito which propagates them was considered harmless save for its discomforting sting. No one had dreamed of setting a fracture under the light of the X-ray, much less of observing the heart's action and stomach movements. All diseases of the nose and throat attended with increased or changed secretions were called catarrh and promptly dismissed as incurable. A Flexner's serum or a Wassermann reaction was unheard of. Science, in all its branches, has made rapid strides, but in none has it made greater advancement for the good of humanity than in the science of prevention and cure of disease.

How many of our theories of twenty years ago have we had to lay aside in our daily work as the light of investigation establishes facts evolved from the theories which served only as scaffolding from which to build an exact science—which medicine is fast approaching. The thought most pertinent for our consideration is: "What part has the Salt Lake County Medical Society played in bringing about these results, and how does the profession which makes up its member-

ship stand as compared with the profession in other parts of our country and abroad?"

I am going to say, without fear of successful contradiction, that the medical profession of this city stands abreast of that of any other city of its size within this country. What we lack in opportunity for original research work is more than made up by the general practice of our profession in travel and in study in the most advanced clinics of the East and in Europe. Professor Welsh in his address before this society last summer, observed a broader foundation among the profession of the West than among the average of those of the larger cities of the East. He attributed this to the fact that we move in a broader horizon and are not so hemmed in as are our brothers of the larger cities.

I would add another reason, in the fact that the profession of our commonwealth is made up of men who have come to us with the best and most modern teachings of all the centers of learning, in this country and abroad. These facts go far towards advancing the professional standing of our city and this is greatly enhanced through the medium of the Salt Lake County Medical Society where its affiliating members are privileged to exchange ideas for the mutual good of the profession, as well as the public. It has been said that one who turns his face towards the past is a "has been" and he who looks to the future is the "man of progress." But it is, nevertheless, profitable at times to review the past if only to ascertain our present needs, and judging from the experiences of the past, mark out the better way for the future. Let us ask ourselves if the Salt Lake County Medical Society has lived up fully to the high standard that the framers of its constitution had pointed out. I shall read Article II of the constitution, viz.: "The purpose of this society shall be to bring into one organization the physicians of Salt Lake county so that by frequent meetings and full and frank interchange of views, they may secure such intelligent unity and harmony in every phase of this labor, as well as elevate and make effective the opinions of the profession in all scientific, legislative, material and social affairs, to the end that the profession may receive that respect and support within its own ranks and from the community to which its honorable history and great achievements entitle it. And with

other county societies to form the Utah State Medical Association, and through it, with other state associations, to form and maintain the A. M. A."

It is needless to say that this society has not yet attained to this high standard. At this point we might ask ourselves what has been the stumbling block in the way to prevent the onward march. We all recognize that with each succeeding year we have progressed and are coming nearer to the goal, but the one great factor that we must recognize before we can hope for success is that of unity. For "in union there is strength."

The profession of Salt Lake City may differ in politics and in religion, but we should be a unit in our efforts for the advancement of medical science. We cannot hope to gain the respect of the public which the earnest, diligent physician deserves until we learn to respect ourselves.

The greatest of virtues is charity. One whose soul is filled with charity will not speak evil of his brother practitioner simply to accentuate before his patient his own superiority. Two of the most potent factors that tend towards unity are higher education and social intercourse.

By the former we learn that we ourselves are not infallible; by the latter we ascertain the motives of our fellows, which I believe are generally good. There may be some whose actions do not conform to our ideas of the "Golden Rule," but upon closer acquaintance with such we learn the motives that prompted their actions and we find that we might have done the same thing under the same circumstances. Hence my plea for a larger membership; and in this connection I wish to quote in full Article III of the constitution, and Article I of the By-Laws of the Salt Lake County Medical Society, viz.: Article III of the constitution says: "Every legally registered physician residing and practicing in Salt Lake county, who is of good moral and professional standing and who does not support or practice, or claim to practice any exclusive system of medicine, shall be eligible for membership." Article I of the By-Laws says: "The society shall judge of the qualification of its members, but as it is the only door to the State Medical Association and the A. M. A. for physicians within its jurisdiction, every reputable and legally qualified physician in Salt

Lake county shall be eligible to membership."

We may differ in our opinions as to the requirements that make one eligible for membership, but we must admit all who are of good moral and professional standing if we live up to our constitution. Now how are we going to judge applicants of these qualifications? These same requirements are made of the applicant for license to practice in the state, hence, in my opinion, the possession of a state license is evidence of these qualifications, and further, the applicant by signifying his intention to become a member subscribes to the constitution and by-laws and as may happen, if he should fail to live up to their requirements, provision is made in Article VII whereby he may be censured, suspended or expelled. I believe that the society will come nearer fulfilling the purpose for which it was organized if it encourages all licensed practitioners in the county to join than by setting up too high a standard for admission.

By their regular attendance at our meetings, we have better opportunity to elevate delinquents in ethics than by keeping them out. Knowing that his conduct is subject to censure, even a doubtful member would be cautious of his actions for fear of expulsion, which would be of far greater discredit than merely being refused admittance. I do not wish to be understood to recommend general admittance without regard for character, but simply wish to advise not drawing the lines too closely. Now we have increased our membership to all the reputable licensed physicians in the county, what can we do to keep them and to bring them out to our meetings? That is the burning question. If I should answer that question in two words I would say "create interest." How can we get the attention and create interest sufficient to bring 150 men to all the meetings during the year?

We know that here, as in all cities of this size, the profession are specializing in the various branches of medicine, and that which interests the general surgeon is often considered of little interest to the internist, and vice versa.

The association is not large enough to divide into sections, as the profession in the larger cities of the East has done. At a recent meeting with the program committee for the coming year it was decided that the general interest in the meetings could be

enhanced if at each meeting a program like the following were arranged and carried out in the proper spirit, viz.:

First—One member should present at least one good clinical case;

Second—A short paper on some timely subject; and

Third—A member from one of the many reading clubs in the city should be asked to give a brief review of current medical literature.

All these subjects to be announced to the members by postal a few days before the meetings at which they are to be presented, as has been the custom in the past, so that members can prepare to intelligently discuss the subjects. We would also encourage all members to present interesting specimen and clinical cases at any of the meetings.

If we commence our meetings on time and eliminate unnecessary discussions, a program of this kind should be carried out in less than two hours. In this way we hope to increase the interest and the attendance.

Our membership now numbers over one hundred, and by the end of the year it should reach one hundred and fifty. If we could induce an average attendance of 35 or 40 per cent. of our members at each meeting, we would grow more rapidly in public influence, and our position in society and politics would become stronger. Just a word with reference to the doctor's position in society. He has always been willing to instruct the public in matters of public hygiene and sanitation without remuneration; in fact, the medical profession from time immemorial has given its best blood and energies in research work, having in view the prevention of disease and public hygiene. Yet it often happens that when such invaluable discoveries to humanity as vaccination against smallpox are given to the public without cost, it is imputed unto them for evil.

The doctor is ever ready to toil in season and out of season for the care of the indigent sick; in fact, it has been looked upon as being incumbent upon the physician to answer calls at all hours of the day and night without knowing whether he shall receive the price of his street car fare or his taxicab hire for his trouble. And what does he receive from society in return? Does he receive immunity against taxation by either church or state?

My observation has been that the doctor gets his annual poll-tax notice to appear with his pick and shovel prepared to perform two days' manual labor; or, if he elects, he may pay into the city treasury three dollars in lieu of the labor, just as any other male citizen who gives none of his time and efforts for the good of the public weal.

There is another subject of great importance to the profession as well as to the public, that this society should not fail to treat in a broader sense than it has done heretofore, and that is the matter of fees for professional services. In this connection very properly may be discussed the free dispensary and contract work, which are in a measure the result of misconception of the fee bill. There is no denying that "the laborer is worthy of his hire," and he who hires is entitled to services for the money which he expends. I fully believe that the patient should know what he is paying for and to whom his money is paid.

It is necessary to have a schedule of fees as a standard, but how can any set of rules put a proper valuation on the services of a physician to his patient. This must of a necessity be left for the physician and his patient to decide. The laborer who earns only three dollars per day, upon which he must support a family of four or five children, must either deny himself and family the services of a physician who has set up the standard of three dollars per visit or no visit, or he must avail himself of the alternative of joining some fraternity or society whose contract physician will take care of his whole family for fifty cents or a dollar a month. The advantages to employees of large industrial institutions such as railways, mines, smelters and manufacturing companies, having regular physicians by paying monthly into a common fund, cannot be denied, and this practice has become so well established and the beneficial results to all concerned are so apparent that no effort to change this custom would avail aught. But the practice of physicians sending solicitors into the field to get contracts for rendering medical aid for the whole family at one dollar per month regardless of their numbers and financial standing, is a pernicious proceeding and cannot be too strongly condemned. These contracts usually have loopholes by means of which the doctor evades any surgical aid on the contract, but charges extra fees for these ser-

vices. He uses the contract as a subterfuge to drum up surgical cases which a doctor who resorts to such methods is usually wholly unfit to attend. Why should this society which stands for all that is good and noble in the most noble profession witness the injury that these medical parasites are inflicting on a credulous public without a protest? We are constantly alert to protect the public against smallpox and other contagious diseases, but I doubt if any one of these dreaded diseases against which the state has established rigid quarantine, would do more harm if unbridled than is being done by the few medicos who are following these unprofessional methods for procuring victims for their unskilled hands and brains. What can we do by way of regulating our rules to mitigate these evils? Shall we advocate free dispensaries presided over by the leaders of our profession as is the case in nearly all large cities? It is well known to all who have had experience in the free clinics and dispensaries that undue advantages are often taken of these beneficent institutions by many penurious patients who are amply able to pay a reasonable fee for the service which they thus obtain free. Thus is worthy charity often thwarted by the greedy, and those who are really worthy of charity often fail to avail themselves of their opportunities because of their personal pride. We are fortunate in living in a community where there are few indigent sick who are not properly cared for by the churches and charitable institutions. I believe that for the present there is no need for free dispensaries in this city or county and I believe that this society should discourage any such. Then if we discourage free dispensaries and discountenance the one dollar per month per family method and demand three dollars per visit as per fee bill, how is the wage earner with a large family going to obtain the medical attention which he requires? There is but one solution of the problem, and that is to make the fee fit the circumstances of the patient at the time. By this I don't mean for physicians to cut each other's prices to the "shoppers," so-called, who have no particular preference for the physician except for the man who will do the work the cheapest. But when a patient wants you to do his work because he has confidence in you, inspired by previous work or through the recommendation of a friend, then I believe that

you should be allowed to make the fee fit the circumstances of the patient for the time. I cannot see the justice of saddling a debt upon a patient that will keep him in poverty or deprive him of necessities of life for an indefinite period.

The medical profession has been looked upon as more or less philanthropic in its purposes and pursuits from its earliest history, and I believe that we of today who have the interest of its success at heart will not do or permit to be done with our consent anything that will rob it of this time-honored sanctity.

Discussion.

Dr. Joseph S. Richards approved of the suggested adjustment of charges for professional services to suit the patient's income, and outlined a sliding scale of fees.

Dr. T. C. Gibson approved of some such adjustable fee bill. He thought that the society should take cognizance of the evils arising out of contract practice in lodges, fraternal orders and similar organizations.

Dr. H. N. Mayo considered we were often in error in charging schedule rates. In several instances he observed that delinquent accounts were not paid because the patient felt that the bill rendered was inconsistent with his income and beyond his ability to meet, although the charges made were in accordance with prevailing rates. By reducing the bill to fit the income, an honest effort is often made by the patient to settle an account he might otherwise treat with indifference or defer the payment of indefinitely. He bespoke for the applicant for membership a "fair deal," the privileges of the floor, and the opportunity to defend himself in situations involving a question of ethics or eligibility to membership. He believed in harmonious intercourse among medical men, and he would like to see the frown of exclusiveness replaced by the smile of courteous recognition.

Subsequently Dr. Joseph S. Richards, by request, addressed the society informally regarding his recent visit to Berlin. He said that every German physician is given the opportunity of taking a summer vacation, and his interests were protected while absent by a competent substitute furnished by the local medical society. Prof Bier's hyperemic treatment was to be seen chiefly in the out-door service. American physicians would meet with greater success in

its employment, if it were properly applied. In its application, the golden rule should be: "Never carry the treatment to the point of producing pain." He spoke of Prof. Bier's impressive personality, and of his ability as an operator, if not the acknowledged leader in intestinal and abdominal surgery in Berlin. He compared German hospitals with those of our own country, and said that neatness, order, and working facilities were more conspicuous on this side of the Atlantic. Iodine and alcohol had largely replaced soap and water for surface disinfection preliminary to operations. Local anesthetics were used extensively, in goitres and hernia. Ether was preferred for general anesthesia, but not administered, he thought, with the care and skill seen in America. He observed that unusually large incisions were made, to obtain an unrestricted view of the field of operation, and that hemostats were used sparingly as a comparatively bloodless field was obtained by rapid work and manual compression.

Dr. A. J. Hosmer added he went to Bier's clinic a skeptic, but returned a convert to the principles of hyperemia.

Committees Appointed:

Program and Scientific Work—Drs. Clarence Snow, C. C. Snyder and J. E. Tyree.

Public Health and Legislation—Drs. W. R. Tyndale, Ralph T. Richards and Sol G. Kahn.

Revision of By-Laws—Drs. D. H. Lewis, J. O. Evans and E. E. Wilcox.

Drs. Clarence R. Openshaw, D. L. Barnard, E. F. Chamberlain and William T. Ward were elected members of the society.

On the twenty-second of January, the principal topic was Hart Dynamics. Dr. A. J. Ridges called attention to the distinguishing and characteristic symptom of aortic insufficiency, and discussed at some length the respective views of Stewart and McCallum—their observations, experimental work and deductions in the realm of cardiac dynamics. The subject was further elucidated by blackboard illustrations of instruments of precision used in recording the excursions of the heart. In outlining the therapeutic indications Dr. Ridges held that strophanthus was the drug of choice in the majority of cases, inasmuch as it in-

creases cardiac tone without raising blood pressure.

Dr. G. Gill Richards emphasized some of the more important points. There was something more than "the murmur" in the study of organic heart lesions. There was no greater fallacy than the belief in a universal remedy for the various types of organic heart disease.

Dr. R. W. Tyndale appreciated the comprehensive manner in which the subject had been presented. The illustrations were a decided help in explaining the mechanical features of valvular lesions. The sphygmomanometer is of value as a diagnostic aid in the estimate of blood pressure in these cases.

Dr. D. H. Lewis, on behalf of the By-Laws Committee presented a resolution providing for the admission to honorary mem-

bership of persons other than licensed physicians, but devoting their time and energy to affiliated scientific pursuits.

Dr. Stauffer, President, in reply to a question, stated that the resolution contemplated the admission to honorary membership of men engaged in the allied professions, whose influence and standing in the community would doubtless tend to promote the general welfare of the medical profession, and that such members would enjoy no privileges other than that of participation in the programs prepared for the regular meetings.

Subsequently the resolution was referred back to the committee for further consideration.

Drs. Frank M. McHugh and T. H. Monahan were elected to membership in the society.

DEPARTMENT OF EUGENICS

"Eugenics is 'the science which deals with all influences that improve the inborn qualities of a race.'—Sir Francis Galton. It has reference to offspring. The success of a marriage from the standpoint of eugenics is measured by the number of disease-resistant, cultivable offspring that come from it. Eugenics has to do with traits that are in the blood—the protoplasm. Society might well demand that before a marriage license is issued the man should present a certificate from a reputable physician, of freedom from venereal disease.

"The general program of the Eugenist is clear—it is to improve the race by inducing young people to make more reasonable selection of marriage mates: to fall in love intelligently. It also includes the control by the State of the propagation of the mentally incompetent. It does not imply destruction of the unfit either before or after birth."—Charles B. Davenport—Heredity in Relation to Eugenics.

CHILDREN WELL BORN OR HELL BORN.

DR. G. HENRI BOGART,
Paris, Ill.

A few days ago, my friend, Dr. John N. Hurty, of Indianapolis, sent me an essay which I consider too forcible to be confined to the columns of a daily newspaper. I am presenting the readers of The Utah Medical Journal with this little gem:

THE DEAD CHILD.

Written for the Daily News by Dr. John N. Hurty.

"She was dead on her birthday. Just nine years before to a day she was born. Lying in her coffin with a few lilies and roses about her, and a thin string of smilax twined around, she looked peaceful and

calm; but the waxen face bore lines of suffering. (The dead do not suffer.) The lines of pain attended from her unhappy living hours.

Why did she suffer? Why was pain forced into her childhood days? Was no one to blame? Did her parents and did the government under which she lived do their whole duty to her? If they did, why was she dead at nine? Surely God intended she should come into womanhood and good citizenship. I inquired into her life. She was a slum child, born of parents not possessed of good intellectual and moral qualities; all of her life she had not known the

beautiful joys of childhood. Slums are always dark, dirty, malodorous, surrounded and filled with foul air. Better to be born in a manger on clean sweet hay with plenty of pure air and sunshine entering through the open doors and cracks. But why are slums? Do they belong to the strong and rich, or do they belong to the weak and poor? The poor don't own insanitary tenements which force disease and crime.

"The parents of the dead child were not competent to bring up children in the fear and admonition of the Lord; yet the law permitted, yes, encouraged them to marry. Two feeble minded persons were married one day and their priest blest them and blest their offspring, which certainly would be feeble minded, too.

"This was sacrilege. God was not there. The dead child never was strong, healthy, happy. The insanitary tenement was not the only influence against her. The blood she inherited was not pure. Every child has the inalienable right to be born with pure blood, but our statutes do not recognize this right, and more is the pity. The child's father had acquired disease in sin and transmitted it to the wife and child. The law does not prohibit the destroying of health, happiness and life by this method. Society, too, because of false modesty, approves by its silence. During the dead child's life time, the charity workers visited the slums where she existed and brought encouragement and relief. But the slums were so vast and the slum children so many, and both slums and slum children increased so rapidly that charity could not keep up. Perhaps some day we will understand the sea can be walled back, but cannot be swept back. Charity is only half charity which considers relief only, and thinks not of prevention.

"A half truth is more dangerous and destructive than a lie. A little truth will carry a lie a long distance. A complete lie falls dead the moment it is born. Relief and succor we must give for this is charity, but stop not there, for if you do it is only half charity and productive of ill. Charity must come to its full fruitage which is prevention. Our dead child, doomed to a miserable life and an early death, should never have been born. It is a grievous sin for society to permit conditions producing disease and early death and grievously does society suffer for it."

I considered the essay worthy a boxed, two-column space on the front page of the Daily News, whose policies I direct as editor, and feel proud that humanity has so far outgrown prudery as to welcome such plain truth in its household reading.

But the little story does not go far enough. It is not the slum child alone who is born with the living hell of specific virus in its blood.

We read of "The blood which is the life," and to have that life literally poisoned is a condemnation of the innocent to a torment unbelievable. Recent applications of the Wassermann test show that far the larger proportion of those admitted to the insane asylums, give a positive reaction.

All are familiar with the white, pasty faces, the weak spindly legs, the swollen lymphatics and the scrofulous sores that are the "sins of the fathers."

All medical men have met the women who, like Rachel, are "crying for their children and they are not," because of the lurking demon, women whose maternal cravings, proper, good, womanly, are forever denied because the demon reached down at their conception and marked them hell born.

Dr. Hurty's slum child has many sisters in the mansions on the avenue, for the terrible clutch of the vampire of vice has fanned the faces of all grades of society.

The unco guild have told us that the torture of syphilis is a just punishment for sin, but the most bigoted of these would not have this punishment reach into the future and damn the future of unborn innocence. We who are dubbed altruists are asking that marriage be forbidden those who are unclean. We are asking a law that no man, in whose veins flow a communicable specific venereal taint, shall be allowed to marry.

The public must be educated to know the extent of the trail of this demon of lust, and the profession must be educated to realize the frightful percentage of idiocy, imbecility, insanity and feeble-mindedness born through the poisoning of the well spring of life. We ask that the diseased man who would marry be barred that precious privilege, and we demand such a law in the name of the well being of the human race, as a protection from the accelerated increase of the burden that so rapidly grows upon the shoulders of society.

Let every child be well born; let no child be hell born.

MISCELLANY

Hygiene of Pregnancy.—Every physician in general practice should send 10 cents to Dr. E. S. Harris, Lock Box 927, Blue Springs, Mo., for a copy of his booklet on the hygiene of pregnancy and care of the infant. They are sold with purchaser's name and address on front cover to be given to mothers and prospective mothers. Do it now.

Some Rough Notes on Modern Diagnostic Methods.—Under this title the Fellows Company of New York, has issued, for free distribution to physicians, a neat and convenient brochure containing a great deal of practical information about the clinical characteristics and laboratory examination of stools, sputum, transudates, exudates, conjunctival secretions, semen, vaginal secretions, opsonic index. Widal and Noguchi-Wasserman reactions, local tuberculin reactions, blood-pressure and leucocytosis. The busy doctor will find this pamphlet alike interesting and useful.

Tongaline exerts a manifest action on the nervous system of the secreting order of glands; it diminishes the uric acid content of the blood, and produces a substitutive irritation in the region of the articular surfaces. On account of the exaggerated vasomotor action of Tongaline, the irritation drives the uric acid deposits toward the emunctories, causing a great secretion of bile in the liver, an abundant diuresis in the kidneys and a serous diarrhoea in the intestines, while in the feces and in the urine we find a great quantity of uric acid.

These conditions secure the attainment of the desired effect, which is to expel from the organism all those agents, the accumulation and retention of which in the blood are the cause of rheumatism, neuralgia, grippe, gout, nervous headache, malaria, sciatica, lumbago, tonsillitis, heavy colds, and excess of uric acid.

Dr. R. G. Haddad, Brooklyn, N. Y., says: "I have been prescribing Pepto-Fer (Jaillet) for the last five years and consider it the best preparation of iron, fulfilling what is claimed for it and producing the most satisfactory results. My patients always repeat the prescription and are enthusiastic to give it to their friends."

Palpebrine.—Our readers will note in this issue for the first time the artistic advertisement of Palpebrine. The safe and reliable remedial agent in all external inflammation of the eyes. This product is manufactured by the Dios Chemical Company, who have, during the last quarter of a century, manufactured exclusively for physicians, Dioivburnia, Neurosine and Germiletum, the reliability of which is generally recognized.

No new and untried drugs enter into the composition of these specialties and their formulae have always been communicated to the profession. Palpebrine will fill a long-felt want of the general practitioners, who can themselves treat with this product safely and successfully, external inflammation of the eyes.

The Dios Chemical Company of St. Louis will mail free, trial bottle of Palpebrine on application.

Why Digitalis Sometimes Fails.—Aside from the quality of the drug, there are a number of reasons why digitalis sometimes fails when it is expected to succeed. These reasons, taken verbatim from Janeway, Mackenzie and other late authorities, are given in a little pamphlet just issued for complimentary distribution to the profession by the Hoffmann-La Roche Chemical Works of New York. General practitioners will find these selections from the literature of digitalis well worth perusal and reperusal.

The Trained Nurses Association of Denver wishes to call attention to the change of address of the Nurses' Directory.

Edith Hargrave, R. N., the newly elected superintendent, will have charge of the directory at 1356 Pearl street. Telephone, York 5205. Miss Hargrave heartily desires that physicians of Denver and throughout Colorado will continue their patronage, and she will endeavor to provide them promptly with competent graduate and practical nurses.

Dr. E. S. Goodhue, Kailua, Hawaii, writes us that the new Goodhue Tubular Vaginal Douche, as well as the Rectal Douche, bid fair to succeed the old clumsy methods of irrigating the vaginal and rectal tract.

Where the application of hot water is indicated, in vaginal, uterine, ovarian and adnexa affections, in proctitis, anal fissure and tenesmus, this method is most satisfactory.

The walls of the passages are ballooned so that hot water remains (equable in amount and temperature) directly against the tissues in need of thermic action.

The vaginal tube is made of aluminum, about six inches long, three in diameter, perforated along body and open at distal end. It is slipped in a thin rubber finger or condom, then inserted in the vagina, being pushed well into the cul-de-sac. Heat of such temperature as desired passes in and permeates all the tissues.

The same action takes place with the rectal tube and the sphincter is dilated in addition. The distressing bearing down of dysentery is at once relieved, and a curative process is set up in other inflammatory conditions there.

These tubes are made by Frank S. Betz, Hammond, Indiana, and may be secured from him.

WHAT ARE WE COMING TO?

Denver, Colo., Feb. 20, 1912.

Great Western Mail Order House,
City.

Gentlemen: You are looking for business. I am trying to make it for you. You, I am sure, will appreciate and gladly reciprocate. Mutual interest and co-operation always bring success. When our neighbors are prosperous, they give us more business. We, in turn, give them more. My desire is to be mutually pleasant and helpful. You live in the same spirit of good will. I am a graduate osteopathic physician.

Have just located in Denver. Will gladly give A-1 city references. Have had eight years' successful practice, with loss of but one patient. I treat all diseases, acute and chronic. Am specially careful in my examinations and take no patient to whom I cannot render valuable service. In order to get acquainted, get busy, and be mutually helpful, I'll take two patients from your company or employes at 25 per cent off and take pay for service in trade.

Send a neighbor, 'twill count the same. Get this before your friends. Hang it where it can be seen. Make it bulletin No. 1.

Talk about the novelty of it. Extend the helping hand. Just for a good-natured, mutual, helpful boost.

R-218 The News.

Diuretin-Knoll Worthy of More Attention.

—This drug seems worthy of more attention. It is now well known that diuretin is an excellent non-irritating diuretic in dropsy. It has a distinct advantage over the other drugs of the caffeine group in that it has the least effect of any on the central nervous system and need not be combined with narcotics. Also it is stated that experiments prove that diuretin does not injure the renal epithelium and therefore it has a place in the treatment of acute as well as chronic nephritis. Some authors explain the diuresis solely by a dilatation of the vessels of the glomeruli, but Barcroft and Brodie have measured the amount of blood flowing out of the kidney and found that there may be a pronounced diuretic effect, even though there is no increased circulation of blood through the kidney.

The use of diuretin in hypertension to relieve the subjective symptoms, as advised by Elsner is, we believe, less well known. This drug is reported to dilate the coronary arteries and in this way the heart muscle itself is better supplied with blood, and nourished. A number of years ago Huchard recommended the use of pure theobromine for the relief of sensory symptoms, associated with coronary sclerosis. Elsner reports that a combination of sodium theobromate and sodium iodide has been found satisfactory in Von Noorden's clinic in relieving subjective symptoms and reducing blood pressure.

Pal and Buch advise diuretin in abdominal arteriosclerosis manifesting itself in attacks of severe colicky pain. Favorable results are also reported in the treatment of general arteriosclerosis and especially when there is a headache. Diuretin acts here by diminishing the peripheral resistance, and this effect is proportionate to the degree of vaso-constriction (v. d. Vellen).

Diuretin is a white, odorless powder, readily soluble in water, and having a salty al-

X-RAY STATIC At Bargain

One 16 plate Static X-Ray machine, One X-Ray Stand, One white enamel operating table one Victors vibrator, one hand vibrator, one Buck microscope, one enamel stand, First-class condition. Will sell for amount of mortgage.

SAM BIRNEY, MORTGAGEE
314 Century Bldg. DENVER, COLO.

kaline taste. Its increased solubility gives it a distinct advantage over pure theobromine. It is best administered in capsules or in aromatic solutions. In coronary sclerosis doses of 3-5 gr. b. i. d. are sufficient, i. d. or every 4 hours, are indicated. We recommend to our readers a trial of the wider uses of this already useful drug.—*Editor Mass. Medical Journal*, Nov., 1911.

The Boulder-Colorado Sanitarium.—This Sanitarium is a conservative medical institution, located in the suburbs of Boulder, Colorado. It employs the same system of treatment as is used by the Sanitariums at Battle Creek, Michigan; St. Helena, California; Portland, Oregon; Melrose, Massachusetts; Washington, D. C.; and other similar institutions.

Its equipment consists of one large five-story building and twelve cottages, with modern conveniences, providing accommodations for one hundred guests. Four physicians—two men and two women—graduates from some of the best recognized training and long experience in sanitarium methods, constitute the regular medical faculty. From forty to sixty nurses are employed by the institution.

In the combatting of disease drugs are used sparingly. Rational remedies are employed. Chief among these are electricity in all its forms (including the X-Ray and violet ray), massage, both special and general, hydropathic treatments, various baths, such as the electric light bath, electrothermal bath, sprays, Scotch and percussion douches, salt glows, cold mitten friction, etc.

All inoffensive, non-contagious and curable diseases are received and treated—consumptives are debarred. Special departments are maintained in the treatment of nervous diseases, digestive disorders, diseases of the eye, ear, nose, and throat, and diseases peculiar to women. Unexcelled facilities are provided in the care of maternity cases. Exceptional opportunities are afforded cases requiring surgical interference. The institution possesses a well-appointed surgical ward where thorough asepsis is maintained.

The spirit and atmosphere of the ordinary hospital are lacking in the sanitarium. Its guests are not chronic, irritable invalids, but health-seekers. Good cheer and hope

prevail in every heart, and loneliness and discontent are driven away. As a quiet resting place for the nervous, over-wrought woman of society, the fatigued brain-worker, the tired business man, or the weary mother, the Boulder-Colorado Sanitarium possesses unexcelled advantages and the rates are very reasonable. Large illustrated catalogue and card of rates on request.

Red Cross Prices.—The American Red Cross desires again to invite attention to the exhibition in connection with the Ninth International Red Cross Conference, which will be held in Washington, D. C., from May 1 to 17, 1912.

The exhibition will be divided into two sections, which will be styled Marie Feodorovna and General. The former is a prize competition, with prizes aggregating 18,000 rubles, or approximately \$9,000, divided into nine prizes, one of 6,000 rubles, approximately \$3,000; two of 3,000 rubles each, and six of 1,000 rubles each.

The subjects of this competition are as follows:

1. A scheme for the removal of wounded from the battlefield with the minimum number of stretcher bearers.
2. Portable (surgeons') washstands, for use in the field.
3. The best method of packing dressings for use at first aid and dressing stations.
4. Wheeled stretchers.
5. Transport of stretchers on mule back.
6. Easily folding portable stretchers.
7. Transport of the wounded between warships and hospital ships, and the coast.
8. The best method of heating railway cars by a system independent of steam from the locomotive.
9. The best model of portable Roentgen apparatus, permitting utilization of X-rays on the battlefield and at first aid stations.

The maximum prize will be awarded to the best exhibit, irrespective of the subject, and so on.

The General Exhibit is again divided into two parts; the first will be an exhibition by the various Red Cross Associations of the world. The second will be devoted to exhibits by individuals or business houses of any articles having to do with the amelioration of the sufferings of sick and wounded in war, which are not covered by the Marie Feodorovna Prize Competition for the year

DIGESTIVE DISTURBANCES

and other drawbacks avoided and highest results obtained when Tropon preparations are used

Tropon (Finkler) is pure albumin. It is a food in concentrated form especially adapted as a carrier of irritating medicinal agents, such as Iron or Iodin. We offer the following very palatable and efficient combinations:

IRON TROPON containing 2½% of organic iron.

IODOTROPON containing 5% of iodine, causes no iodism and is very effective in small doses.

MALTROPON containing Malt and 6/10 of 1% of Lecithin. A galactagogue of pronounced and immediate effect.

Samples and Literature Free of all Charges by Addressing

TROPON WORKS : 81 Fulton St., : New York City

WHOOPING COUGH and its distressing complications frequently confront you.

Having run the gamut of the bromides, belladonna and other depressants which further help to lower the vitality of your patient, you are still at your wits' end.

In the therapeutic action of Syrup Thiocol Roche all the desirable factors to be sought for in the treatment of Whooping Cough are present.

Derived from guaiacol, yet odorless, palatable, non-irritating, Thiocol Roche is antiseptic to the whole respiratory tract, sedative and anti-catarrhal.

"THIocol CONSIDERABLY REDUCES THE SEVERITY AND DURATION OF WHOOPING COUGH. Its efficacy is far greater than that of antipyrin, aconite, belladonna, etc., producing neither intolerance nor toxic symptoms. Under its influence the attacks become less severe, the bronchial symptoms are reduced to the minimum, and the vomiting of food becomes less frequent. Thiocol exerts a most favorable influence on the mucous membrane of the alimentary tract."

DR. PINET, in "Le Concours Medical," May 14, '04.

SAMPLE AND REPORTS
ON REQUEST

THE HOFFMANN-LA ROCHE CHEMICAL WORKS
65 FULTON STREET, NEW YORK

While the American Red Cross will be glad to have any articles pertaining to medical and surgical practice in the field, it is especially anxious to secure a full exhibit relating to preventive measures in campaign. Such articles will be classified as follows:

1. Apparatus for furnishing good water in the field.

2. Field apparatus for the disposal of wastes.

3. Shelter such as portable huts, tents and the like, for hospital purposes.

4. Transport apparatus (to prevent the suffering of sick and wounded), exclusive of such apparatus as specified for the Marie Feodorovna Prize Competition.

As with the Marie Feodorovna Prize Competition, for this country only articles having the approval of the Central Committee of the American Red Cross will be accepted.

Diplomas will be awarded for exhibits in this section of the exhibition as approved and recommended by the Jury.

Further information may be obtained from the Chairman, Exhibition Committee, American Red-Cross, Washington, D. C.

It is perhaps to apparatus having to do with prevention of disease in armies that the energies of Americans have been specially directed since the Spanish American war. Therefore, the last mentioned section of the exhibition should make an appeal to them.

Examination of Dentists for the U. S. Army.—The Surgeon General of the Army announces that examinations for the appointment of Acting Dental Surgeons will be held at Fort Slocum, New York; Columbus Barracks, Ohio; Jefferson Barracks, Missouri; Fort Logan, Colorado; and Fort McDowell, California, on Monday, April 1, 1912. Application blanks and full information concerning these examinations can be procured by addressing the "Surgeon General, U. S. Army, Washington, D. C." The essential requirements to securing an invitation are that the applicant shall be a citizen of the United States, shall be between 21 and 27 years of age, a graduate of a dental school legally authorized to confer the degree of D. D. S., and shall be of good moral character and habits. Acting Dental Surgeons are employed under a three years' contract, at the rate of \$150 per month. They are entitled to traveling allowances

in obeying their first orders, in changing stations, and in returning to their homes at termination of service. They also have the privilege of purchasing certain supplies at the Army commissary. After three years' service, if found qualified, they are promoted to the grade of Dental Surgeon, with the rank of first lieutenant, and receive thereafter the pay and allowances appertaining to that rank. In order to perfect all necessary arrangements for the examination, applications must be in the possession of the Surgeon General at least two weeks before the date of examination. Early attention is therefore enjoined upon all intending applicants. There are at present 29 vacancies to be filled.

Of Interest Right Now.—If the task were imposed upon us of saying what single remedy, above all others, is the most useful in winter, we should say, iodized calcium. In croup, in grip, in chronic "coughs and colds," in pneumonia and in other respiratory ailments, it is a remedy that the doctor, practicing in these northern latitudes, cannot afford to overlook.

In croup it is easily the master-remedy. It has saved thousands of babies in years past. When summoned in the dead of night, by anxious parents, the doctor feels equal to the emergency, with a supply of tablets in his medicine case. Almost magically does iodized lime, in dose enough, break the strangle-hold of croup, bringing rest and easy breathing before morning.

In pneumonia there is no other single remedy so generally useful. Using iodized lime as a basis of the treatment, the doctor is assured of the best possible results; he can cut down the mortality very materially, losing, in fact, only the exceptional case in which extreme old age or alcoholism stands in the way of recovery. It furnishes, in one dose, both iodine and calcium; the latter element we now know plays a leading role in activating phagocytosis.

That we have such an effective weapon against pneumonia is fortunate. The disease has become a scourge in these northern latitudes to the extent few realize. It kills more people than tuberculosis. A study of the actual causes of death, in the registration area of our country, embracing one-half the population, shows that out of 100,000 people, 148 die of this disease. And, according to the health reports of the large cities, 2,360 people died from pneumonia in a single month last winter.

There are many grades of iodized lime—some of them good, some worthless. Our readers, to be sure of getting results, should buy the article known by the brand-name of Calcidin. This is put out by the Abbott people, of Chicago. Abbott's Nuclein is a great synergist. Send for their booklet on Pneumonia, Grip, etc., just out.

Denver Medical Times and Utah Medical Journal

VOLUME XXXI

APRIL, 1912

NUMBER 10

IDEAL CHARITY FOR THE DEPENDENT TUBERCULOUS IN COLORADO.

ARNOLD S. TAUSSIG, M.D.,*

Denver, Colo.

It seems appropriate, in discussing this subject, to speak briefly of the development of charity, the tuberculosis problem as it affects health centers and what future charitable work may do for the tuberculous poor, particularly in our midst.

Charity for centuries was considered a means of grace. An individual more richly endowed coming in contact with one who possessed fewer blessings made some attempt to equalize matters. This almost instinctive act was more or less irregular, moved more by sentiment than reason, and usually resulted in the individual who was assisted becoming a permanent charge on the community. Individuals naturally organized themselves in groups to assist their afflicted fellow citizens and brought pressure upon the commonwealth to assist in the work. It took many years for the scattered organizations to learn that they were duplicating each others' work, but eventually from their experience there grew up true organized charity, which endeavors to centralize the work and prevent indiscriminate charity.

The experience of organized charity in all the larger centers has been similar. Whether the State or a collection of local charitable organizations have attacked the problem of poverty, they have been hounded by a lack of income and waves of sentimentality. The lack of income has led to a more business-like management and the search for the deep underlying causes of poverty and dependence. The waves of sentimentality which load the pre-

sumably poverty stricken families with the best of the world's goods one day and leaves them helpless and blinded the next, has necessitated the teaching that charity is not a pretty game which can be played and dropped at the convenience of the individual or collection of individuals.

Today charity is attacking the problem of poverty in a business-like way. For years organizations stood ready at the bottom of the ladder of life, willing, insofar as able, to help those who had fallen. Now, the cause of the fall and measures that might have prevented it are as seriously discussed as the measures for immediate relief.

Charity would be a much more engaging subject if it could be dealt with theoretically or if the intermingling of tears and immediate alleviation of distress could solve the problem. An experienced worker in charity comes in contact with all the problems that the human race is forced to solve from the cradle to the grave. The donations of food and clothing which were considered charity fifty years ago are today looked upon as a temporary stimulant. As in medicine we meet a few cases where stimulation carries our patient past the crisis, so in charitable work occasionally temporary relief solves the problem. In the majority of cases, however, the most painstaking study and the experience derived from the study of a large number of cases brings forth the nearest solution of the problem possible at this time.

Disease, crime and non-employment, all more or less interdependent, are the

*Read before the State Conference of Charities and Corrections.

agencies that are continually bringing new recruits to the doors of charity organizations. Perhaps no better way to illustrate how the charitable organizations are attacking these problems can be given than to refer briefly to some of the magazines and books that have appeared in the law few years.

Charities and Commons, now called the Survey, published by the New York Charity Organization, has perhaps within the last few years had as decided an influence on the trend of charity in this country as all the other publications combined. Within the last few months three full numbers were issued on the Pittsburg survey, an analysis of the living conditions in that town. The Russell Sage Foundation for the improvement of living conditions has financed the movement, but the spirit came from charity workers from different parts of the United States. A more significant sign of the upward trend of relief work it has not been my good fortune to see.

The President's Home Commission, consisting of fifteen persons appointed by President Roosevelt to consider living conditions in Washington, has performed a task that will without question have a decided influence upon relief work in all communities. In a report covering over 600 printed pages, of which over two hundred and fifty are devoted to the Report of the Committee on Social Betterment, every subject that relates to the improvement of the human species has been painstakingly reviewed and conditions in Washington analyzed.

Public Health, articles in the Saturday Evening Post, The Ladies' Home Journal and Woman's Work all indicate the drift of relief work.

Books of the character of Newer Ideals of Peace and a New Basis of Civilization have influenced the community to attempt to deal as intelligently with the human assets as busi-

ness men deal with assets in their sphere.

It is unfortunate that we have no clearing house for bodies and souls. Some of our larger cities that point with pride to their clearing house receipts in dollars might feel less elated if the above mentioned suggestion were carried out.

After considering the conditions peculiar to our health centers affecting the tuberculosis problem, I will attempt to show the influence that the present trend of charity work may have on the problem.

The conditions that surround the tuberculosis problem in health centers has up to the present been considered in a very dilatory fashion. Within the past five years the fight against tuberculosis has been so consistently waged in the East, that much of the seemingly unbearable burden has been lifted from the health centers. The wholesale shipment of penniless and dying consumptives to Denver has decreased markedly; like conditions prevail in Los Angeles and Colorado Springs. If nothing else had been accomplished by the tuberculosis crusade in the East than this, the work would have been worth while. In spite of the decrease above mentioned, the task that confronts the flooded communities is an enormous one.

In Denver in 1900 20 per cent of the total deaths were due to tuberculosis. This gradually increased to 25 per cent in 1905, and fell to 20 per cent again in 1908. In Los Angeles about the same percentage prevails. In New York City only 13 per cent of the total deaths are due to tuberculosis, a trifle more than one-half of that which prevails in the two health centers mentioned. Denver, from 1900 to 1904 inclusive, had a death rate from tuberculosis of the lungs of 410 per 100,000 inhabitants. When we consider that one out of every four or five deaths in our midst is due to tuberculosis; that

approximately one-thirtieth of our present population have died from 1900 to 1908 from the same disease; that our death rate for tuberculosis per 100,000 is more than twice the average death rate per 100,000 throughout the United States, we can readily see why we have been almost paralyzed by the difficulty that confronts us in dealing with our tuberculous subjects.

Great as the burden is that Denver and Colorado have been compelled to bear, we must on the other hand remember that the cultural development of our community has been due in great part to those who came here for their health. In the lower as well as the higher walks of life the fighters, and not the quitters, have come here for relief. Many who came here independent, gradually became dependent after spending all their surplus earnings in a vain search for health.

Regardless of the fact that our city and state are forced to deal with a difficulty that has its origin in other centers, we must remember that there are three factors that should move us to take present action. First, that our past advertisements are responsible for the number of consumptives here; second, that all the larger communities in the country are now endeavoring to handle their own tuberculosis problem; and third, that the financial and intellectual position of Denver and Colorado is due in great part to the consumptives and their relatives who have come here to regain their health.

In the first part of this paper emphasis was laid on the new work that has been undertaken by relief organizations throughout the country. This character of work must be undertaken in the battle against tuberculosis if it is to be a successful one.

Professor Patten in the *New Basis of Civilization* says: "Social control, a happy phrase coined by Professor Ross, is used here not to include anything social, but to contrast social and

non-social. The phrase, then, signifies restraint that makes action moral in distinction from the unrelated impulsive action governing the primitive world and the unsocial life of today. In this way the growth in natural characters, which is evolution, may be contrasted with increase of control, which is morality." Social control should be the watchword of all movements that aim to scientifically study and solve the tuberculosis problem. The relief work that has been cited in the early part of this paper is governed by these principles, and the same character of work must be undertaken by those who attempt to limit the spread, and relieve the distress of tuberculosis.

The first duty that confronts the relief organizations in the state is to attempt to discover the magnitude of the problem they are attempting to solve. A call for a tuberculosis conference at which the various charity organizations, state or private institutions, shall be represented, might lead to work which would bear fruit in the future.

A local survey of the living conditions amongst the tuberculous, their means of maintenance and danger to surroundings, should be undertaken by each center, and a report sent to the State Board of Charities and Corrections.

After sufficient data have been collected, the legislature should be appealed to for appropriations for the establishment of state sanitoriums. Bills of this character will not be passed unless action is taken at once to arouse the interest in tuberculosis throughout the state.

The cities and counties should be induced to establish special dispensaries and day camps for the tuberculous who demand immediate attention, and efforts made towards giving light employment and partial assistance to those who are not entirely dependent.

Innumerable measures might be suggested that have been successfully tried in the East, but which at present must give place to the more pressing measures. Anyone who can read a pamphlet issued by the Boston Association for the Relief and Control of Tuberculosis entitled "A Narrative," without feeling the happier and better, must be very callous. This pamphlet is full of suggestions for the relief and control of tuberculosis. The School of Outdoor Life in operation on Parker Hill, supported by the Boston Society, is the means of preventing many children from becoming seriously affected with tuberculosis while pursuing their studies.

The tubercular patient who becomes dependent after coming here, or is dependent on arrival, whether in the first, second or third stage of the disease, soon learns that he is an undesirable citizen. If he is fortunate to develop some other disease, such as typhoid or smallpox, the county will speedily give him attention and for a few weeks the patient has enough to eat and some place to sleep. It is almost impossible to get hospital accommodations for a man suffering from a severe hemorrhage of the lungs, unless he has been in Denver over a year. Patients in the third stage who are a constant menace to those who come in contact with them, are allowed to infect their wives, children and anyone else near by, without the state apparently feeling that the subject is one which concerns it directly. Similar conditions naturally prevail in other communities, but not to such an extent as in Denver and Colorado.

Most of the work that is undertaken to relieve the dependent tuberculous is costly, but there is one that is not, which might be called a school for the tuberculous. Here the patients could find counsel, instruction as regards the best mode of living, encouragement to continue the battle against disease, and

the various means to obtain employment or relief.

Many consumptives die from loss of courage and attention. Edward T. Devine, in a recent book entitled "Misery and Its Causes," devotes several chapters to the subject, "Out of Friends," I wish to quote one sentence that appeals to me: "Now, the poor need friends. We shall not quarrel surely about that. They need other things also, as I have tried to show. They need health, they need homes, they need protection, they need leisure, they need regularity of income, they need insurance against certain contingencies, they need conditions which permit a higher standard of living, they need education; and as a means to all these things and in response to a deep-seated universal social instinct which demands satisfaction, even when physical wants are not fully supplied, they need friends." All of us who have had experience with tuberculosis here appreciate the wisdom of these lines. The Visiting Nurses' Association has attempted to supply this need, but the task is too great for them and must be supplemented by other agencies or they must receive more support.

Ideal charity for the tuberculous, as I would put it, must first consider the tuberculosis question as a whole, and second, the temporary makeshift, assistance rendered to the individuals. The thorough consideration by all organizations that come in contact with the tuberculous of all the difficulties that prevent the afflicted ones from again becoming independent and well will be an enormous step in advance, even though the remedies suggested for relief may not be at hand for a number of years.

Progress of relief work may seem heartless, slow and inefficient, but after all, upon the well planned campaigns that follow, we must pin our

faith, in the ultimate ability of a community to conquer tuberculosis.

The treatment of the individual consumptive requires the most painstaking work, to discover his ability to care for himself, the danger that he is to his surroundings, the amount of relief necessary to keep him from becoming an absolute charge on the community, and attention to the conditions that cause his return to the dependent ranks. Some of the most efficient and inexpensive work has been done in the day camps where patients are fed, compelled to be out of doors all day, taught how to care for themselves and sent home at night. The work done by the Colorado State Association for

the Prevention of Tuberculosis last summer planted good seed, but the work must continue and have the support of all classes of citizens in order to prove forceful.

In summary, first, a union of all bodies that come in contact with tuberculosis, a realization of the difficulties and a future plan of work; second, a personal contact with the individual consumptive, assistance that shall be carefully supervised and relief that shall not make him a constant charge; third, appreciation of the fact that Colorado is far behind its sister states in action and that the time is ripe for a successful battle against its worst enemy—tuberculosis.

A CASE OF SPLENOMEGALY COMPLICATED BY PREGNANCY.*

C. A. FERRIS, M.D.,
Denver, Colo.

Introduction.—The rarity of the condition known as splenic anemia, or Banti's disease, is the excuse for presenting this report, and furthermore, in an exhaustive search through the literature, one fails to find any report of a case of splenomegaly complicated, as in this case, by pregnancy.

Report of Case.—Patient, Mrs. G.—, referred to Dr. T. M. Burns and the writer, by Dr. G. A. Moleen, on account of pregnancy being superimposed upon a persistent anemia, was first attended by me in October, 1910, when, early one morning, I was ushered into the presence of a wee bit of humanity, that looked more like a wax doll than a human being.

Although twenty-eight years of age, she presented more the appearance of a child of sixteen. She was so anemic as to appear like a waxen image, and she was voiceless from sheer exhaustion, the result of an unsuccessful effort to carry through to term the product of

her first conception. She was in labor, and, with slight assistance, was delivered of an eight months fetus, which presented the appearance of having been dead for some time.

The subsequent history from the obstetric viewpoint was uneventful, except for irregular elevations in the temperature, which, however, proved not to be due to the local conditions. Involution occurred in about two weeks, but there was not the slightest sign of milk in the breasts.

On applying the obstetrical binder, a hard mass was noticed in the left side of the abdomen, which was at first mistaken for the uterus, but upon trying to move it into the median line, it was found to be an enlarged spleen, occupying the greater part of the abdomen, and extending down to the pelvic brim.

Singularly enough, the patient had never discovered this tumor-like enlargement, nor known of its existence,

*Presented before the Denver County Medical Society.

until her attention was called to it at that time. She had been under the care of many different physicians practically all her life, and, although she was aware that any attempt to wear anything slightly close-fitting had for years made her short of breath, she had never discovered the hard mass in her side before.

The history, so far as obtainable, follows:

Family History.—Father died at age of forty of angina pectoris; he had been a hard drinker for a long time, but was otherwise well so far as is known.

Mother alive and well at fifty; has never had any serious illness, but, while pregnant with this child, she crossed the Atlantic, and was badly frightened at the ocean; had malaria in Missouri soon after the advent of this child, but never previously.

One brother died at age of twenty-seven, with what was supposed to be tuberculosis of the throat; he was sick only six months.

One sister, older than patient, has diabetes insipidus, but otherwise enjoys good health.

Another brother and sister, both older than patient, are alive and well. Careful inquiry from one of the sisters, who is a trained nurse, gives no further light on the family history, and, from the exceedingly healthy appearance of the mother and sisters, there is probably no hereditary dyscrasia, unless possibly malaria, in the case.

One of the sisters is the mother of a very robust boy of three years.

Personal History.—Born in Missouri, but removed to Colorado soon afterward, and has lived here practically all her life; age, twenty-eight; height, five feet three inches; weight, ninety pounds. Has always been a semi-invalid, and consequently the "pet" of the family. Has never had any acute illness, except an attack of

pneumonia four years ago; married eight years; never pregnant before; menstruated at nineteen, always scanty.

Has always been pale, and at times quite jaundiced; ankles and face often puffy.

Has been treated all her life by physicians, who have tried to relieve the persistent anemia and jaundice.

Always short of breath on the slightest exertion.

For several years has noticed flushes of heat at intervals, and believed she had fever at times.

Has often had hemorrhages from the nose and stomach for years.

Lost her voice once before, a long time ago, but regained it again after a course of tonic treatment.

Has coughed considerably for years, a dry, hacking cough, with no sputum; the coughing makes her head ache.

Head aches almost constantly on top and in the back, and at times very intense, but it is not worse at night.

Frequent emesis, of often only frothy mucus.

Sleeps poorly; no appetite; bowels fairly regular as a rule.

When she became pregnant, she was unaware of the fact, until about the fourth month.

Physical Examination.—Patient is thin, anemic, jaundiced, and there is a general waxy appearance of the whole body; the mucous membranes are pale and cyanosed; features are pinched, and there is a wan look to the countenance; the ears are opalescent; the sclera of eyes is glassy blue when not yellow from jaundice; the pupils are equal and react normally; the eyesight is fair, but it is an effort to read.

Tongue: Dry, brown coated; teeth covered with sordes.

Voice: She speaks in a coarse whisper, and with effort.

Lungs, normal; heart shows a constant systolic murmur.

Liver is tender on pressure, and the border extends two inches below the costal margin.

Spleen enormously enlarged, as stated above, hard to the feel, tender upon pressure; the notch can be felt at level of umbilicus.

No enlarged lymph nodes were found anywhere. The lower limbs were edematous, and pitted on pressure.

At each internal malleolus was a large superficial ulcer, which seemed of a varicose nature, and both healed while she was in the recumbent posture; previous to her confinement they had refused to heal.

Emaciation was marked throughout the body.

The temperature ranged from normal, to intervals when it went as high as 100 or 101; pulse was high all of the time.

Respirations were normal, or upon exertion increased in frequency.

The urine was examined twice with negative findings.

Blood: A blood test could not be obtained at this time, but the recent and older records of Dr. Moleen, examined by Dr. E. C. Hill, showed reds 1,280,000 and 2,112,000; whites, 3,125 per cu. mm.; hemoglobin from 40% up to 55%; poikilocytes, absent; megaloblasts, few; eosinophiles, 0.5%; myelocytes, 2½%.

A Wassermann was not obtained, but the exhibition of mercurials for a short time caused salivation, and they were consequently discontinued.

The patient died about a month later from exhaustion.

A partial post-mortem was allowed, with the following findings:

Spleen: Weight, 1,050 gms.; length, 23 cm.; breadth, 12 cm.; thickness, 10 cm.; and was firmly adherent to the abdominal wall; microscopic sections show endothelial hyperplasia. No enlarged lymph nodes were found.

Liver was adherent to diaphragm and abdominal wall, and was markedly

enlarged; numerous small calculi were in the gall bladder, but they were very dissimilar to ordinary gallstones, and crumbled easily.

Kidneys: Right, 14 cm. long, 7 cm. wide, and was full of small cysts, which contained a mucoid material; left, 10 cm. by 5 cm., and was compressed by the spleen to about one-half its normal thickness; it contained a large calculus in the pelvis, and several smaller ones scattered through the body; also a few small cysts.

Heart: Enlarged; left ventricle thickened; mitral valves thickened and stenotic; left auricle dilated and thin.

Lungs were edematous in the lower portion.

The omentum was firmly adherent to abdominal walls and viscera.

Uterus: Complete involution had occurred, and it was normal.

Ovaries: Apparently normal.

Diagnosis: In a brief review of the clinical characteristics of the condition known as primary splenic anemia, or Banti's disease, from the available literature, we find the following main symptoms which are compared with the case in hand, for convenience in arriving at conclusions:

Cause, unknown. Present.

Course, lasting for years. Present.

Anemia, midway between secondary anemia and chlorosis. Present.

Jaundice, of moderate degree. Present.

Absence of enlarged lymphatics. Present.

Decrease, or no increase in the white blood cells (i. e., no leucocytosis). Present.

A tendency to hemorrhages from the gastro-intestinal tract or nose. Present.

Edema of the ankles. Present.

Digestive disturbances, e. g., loss of appetite, constipation; less frequently, vomiting, diarrhoea, colic, etc., present. Vomiting was common, but no constipation as a rule.

Temperature, 100 or higher at times. Present.

Heart. Murmurs, palpitation on exertion, dilation. Present.

Liver: Normal size in most cases, not present. The enlarged liver may have been due to passive congestion, consequent on the cardiac lesions.

Urine: Traces of albumin. Not present.

Ascites: Commonly found in the last stages of Banti's disease. Not present.

Inasmuch as a preponderance of all the symptoms enumerated were present in this case, a diagnosis of primary splenic anemia seems justifiable.

In "Modern Medicine" the following are classified as synonymous: Splenic Anemia; Primary or Primitive Splenomegaly; Endothelial Hyperplasia of the Spleen; Splenomegalic Cirrhosis of the Liver; Banti's Disease, etc.; and, from the reports of cases thus far, it is evident that very little of a definite nature is known concerning these various conditions. Some writers suggest that all of these conditions are simply different stages of one and the same disease. Quite a difference of opinion exists in the classification of certain cases, where the syndrome of symptoms is similar in some respects, but seems puzzlingly divergent in others.

In the present case, the differential diagnosis would lie between the following conditions: Leukemia, pernicious anemia; cirrhosis of the liver, with secondary enlargement of the spleen; amyloid disease, sarcoma, syphilis and malaria.

In leukemia there would have been an enormous increase in the white cells, whereas there was an actual decrease.

In pernicious anemia "there are no special changes in the spleen itself; the changes are in the red blood cells and the bone marrow; it is essentially

a disease of elderly persons, and is much more rapidly fatal" (Osler).

Sarcoma, cirrhosis of the liver, and amyloid disease were ruled out by the autopsy findings.

Syphilis and malaria can, in the writer's opinion, only be considered in the case as possible underlying etiological factors, in the causation of this peculiar disease, about which so little is as yet definitely known.

It is interesting to note that with the rough calculi found in the gall bladder there was not at any time any pain in that region; also that with a large calculus in the pelvis of the left kidney, and several smaller ones scattered through the organ, the patient never complained of pain in that region, and contrary to expectation, they produced no albuminuria.

The deposits in both of these viscera resembled rusty iron in appearance, and it occurred to me that they might be a deposit resulting from the superabundance of iron ingested as a remedy for the anemia.

The immediate cause of death in this case seems to have been exhaustion, consequent upon the pregnancy and labor, and yet in spite of the great asthenia, complete involution of the uterus took place.

640 Metropolitan Building.

Bibliography.

Osler, "Modern Medicine, Vol. IV, p. 758.

Hare; Practice of Medicine, p. 765.

D. Bovaird, "Primary Splenomegaly," Am. Jour. Med. Sci., October, 1900.

Harris, M. L. and Herzog, M., "Splenectomy in Splenic Anemia or Primary Splenomegaly," Annals of Surg., July, 1901.

Cohen, S. Solis, "A case of Splenomegaly with blood changes and symptoms resembling those of Banti's Disease, apparently due to Malaria," Am. Jour. Med. Sci., Sept., 1904.

Rudolph, R. D., and Cole, C. E.,

"Splénomégaly associated with marked anemia of the pernicious type," *Am. Jour. Med. Sci.*, Oct., 1910.

Stengel, Alfred, "Varieties of Splenic Anemia," *Am. Jour. Med. Sci.*, Sept., 1904.

SOME PRACTICAL RELATIONS OF THE BLOOD PRESSURE IN THE STUDY AND TREATMENT OF DISEASE.*

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Clinical sphygmomanometry has come to stay. While the rate and character of the pulse as felt by the fingers is in itself of great diagnostic value, yet the use of the sphygmomanometer gives much more exact data, and indeed frequently serves to correct erroneous impressions based upon previous palpation of the pulse. In the writer's opinion, the study of the blood pressure is of equal importance with counting the pulse, taking the temperature and examining the heart.

If one uses the Riva-Rocci instrument with the broad arm band, the patient sitting, the normal blood pressure in the young adult is about 120 mm. of mercury for women, and 130 mm. for men. With advancing age this normal tension gradually rises from 10 to 30 points. The normal blood pressure in children (Stowell) averages from 90 mm. at 3 years to 103 mm. at 17 years.

Moderate exertion, such as a short walk in the examiner's office, should raise the pressure from 6 to 10 points above the reading while sitting. Absence of this natural rise, or even depression of the mercury in severe cases, indicates distinctly a marked, though perhaps temporary, inadequacy of the cardiac musculature, either with or without valvular disease. Similar tests are now being made by physical directors of candidates for races and other athletics.

By pulse pressure is understood the difference between the systolic, or maximum, pressure and the diastolic, or

minimum (arteriolar) pressure. This difference ordinarily ranges from 30 to 40 mm., but is greatly increased in aortic insufficiency (100-120 mm.)

The most striking and valuable information gained by a study of the blood pressure is the considerable rise in early arterio-sclerosis (150-180), even greater in chronic interstitial nephritis (often over 200 mm.), and highest of all in uremic cerebral effusion (200-400 mm.) This extreme and dangerous tension may be present for some time before albumin and casts appear in the urine, and usually persists during their intervals of absence from the urine. Acute nephritis is likewise accompanied by a distinct, though less marked, rise in blood pressure. Cerebral hemorrhage is also manifested by very high (250-300 mm.) pulse tension. This is a very important diagnostic point, since in cerebral thrombosis the blood pressure is subnormal. Chronic plumbism shows a hard, high pressure pulse. Other causes of hypertension are simple cardiac hypertrophy from overuse of tobacco or too much athletics, compensatory hypertrophy of valvular lesions, brain tumors, angina pectoris and epilepsy (temporary). In typhoid fever the blood pressure is low (about 100), unless perforation takes place, when a sudden and very marked rise (to about 175 mm.) occurs.

Blood pressures below the norm. are commonly observed in neurasthenic individuals, who feel most depressed in the morning, improving as the day

*Read before the Larimer County Medical Society, January 31, 1911.

wears on and their blood pressure rises under the influence of food and work. Such patients frequently show considerable excess of indican in the urine and are troubled with odorless flatulence. With the exception of meningitis, all acute infections are accompanied by hypotension, and the same is true of all chronic wasting diseases except nephritis. From a study of several hundred cases, Dr. C. D. Spivak concludes that in all cases of pulmonary tuberculosis where the blood pressure is lower than 90 mm. the disease is absolutely fatal within a few weeks.

The chief therapeutic indication in diphtheria and pneumonia is to combat the vasomotor paralysis due to toxemia. In acute cardiac disorders the blood pressure is generally low. Low pressure often causes pulse acceleration, through the effect of cerebral anemia on the accelerator nerve. The surgeon frequently encounters perilous vasomotor paralysis, as in shock and collapse, and internal hemorrhage. Ether is a safer anesthetic than chloroform, because the first raises blood pressure, while chloroform lowers it. Chloroform is comparatively safe during the second stage of labor, because here there is normally hypertension.

Very low blood pressure (below 90 in the male) without cardiac cause is characteristic of suprarenal inadequacy (hypoepinephry), whether or not accompanied by pigmentation. The vasomotor ataxia in these cases is readily shown by drawing a blunt instrument over the abdomen, when within 30 to 60 seconds a marked white line appears, soon turning red. These patients may complain of vomiting and epigastric pain.

The elastic blood vessels are often called upon to compensate for the weak, stretched heart so common in high altitudes, and I have repeatedly observed a rather high blood pressure go down to normal or below, *pari passu* with the betterment of the cardiac con-

dition. Vascular accidents are liable to occur with either unduly low (thrombosis) or excessively high (hemorrhage) blood pressure. From a study of quite a number of cases with Dr. Melville Black and other ophthalmologists, I am convinced that retinal lesions may take place as readily from minimum as from maximum pressures.

Therapeutic indications gained from the scientific study of blood pressure are of the utmost practical value. Though it is not always feasible, or even advisable, to reduce high blood tension to the normal limits of health, since, as in chronic interstitial nephritis, much of this hypertension is compensatory, yet we may safely act whenever subjective symptoms are prominent, and it is remarkable what great relief may be obtained from headache, vertigo, etc., by depressing the blood pressure only a few points. To this end elimination with calomel and salines or other laxatives is nearly always in order. For direct vasodilator action sodium nitrite, in doses of one-half grain and upward, in distilled water, four times a day on an empty stomach, has served my elderly patients well. Younger subjects with hypertension are often markedly benefited by the prolonged administration of tincture of aconite (10 minims or 20 drops three or four times a day), tincture of veratrum (dose, 15 minims or about 30 drops), or the half-milligram alkaloidal pellets of veratrin (6 to 24 daily). When hypertension accompanies dilated heart, tincture of strophanthus is generally preferable to digitalis as a cardiac. For puerperal eclampsia, morphin, chloroform, fluid extract of veratrum intramuscularly, phlebotomy if need be, and best of all, emptying the womb, are the cardinal indications. According to Hirst, a blood pressure in a pregnant woman persistently above 150 mm. nearly always requires operative intervention. Concerning altitude, Dr. E. T. Boyd's observations at Leadville

prove that after acclimatization the blood pressure becomes lower than at sea level, the change taking place automatically, presumably to accord with the lower barometric pressure.

For too low blood pressure I have tried many medicines (caffein, quinin, hydrastinin, ergot, strychnin, etc.), mostly with but little curative effect. The one specific remedy in these cases

is suprarenal extract tablets in full doses (up to 100 grains daily if need be) or the solution of adrenalin chlorid in corresponding dosage. Other means of proved efficacy in this connection are the relief of constipation (cascara, sena, phenolphthalein, etc.), moderate exercise (not to point of fatigue), and the cool salt sponge bath every morning.

THE SUBVERSION OF MEDICAL ETHICS.

MORE ANON, M.D.,

Not many years ago the instruction in medical colleges on ethics was inadequate or entirely omitted. No more important matter could have been taught than that of proper conduct and relations of physicians to one another and to their patients. Graduates were compelled to learn slowly by experience and by the help of older physicians with whom they came in contact. Environment, association and personal character were factors that determined largely the acquisition of correct or incorrect views. The physician anxious to be just, fair and honest to himself and others is not apt to intentionally violate ethics. He may be misled and unknowingly contaminated for a time by men reputed high in the profession, but will accept truth when discerned.

Education along ethical lines is needed that men befogged may find themselves and be set right in important relations to others.

It is common knowledge that the last twenty-five years has been a remarkable period in surgery. The marvelous results attained, and popular enthusiasm, have stimulated many graduates in medicine to join the ranks of the specialists in surgery. The great number of operations done in recent years has brought to some surgeons the largest financial returns ever known

in this country. The physician who has never borne the responsibility of a serious operation no doubt often thinks that even a moderate fee has been easily earned. Possibly later beginning to operate, he quickly learns of a different point of view regarding ease of operation, responsibility and remuneration.

The achievements and popularity of surgery have not been an unmixed blessing. The effects have not been entirely beneficial. Greed and commercialism have tampered with ethics to such an extent that the lay press is publishing articles under such captions as these: "The Farce of Medical Ethics," "A Medical Abomination That Must be Brought to an End," etc. These articles show that the widespread evil of commission-giving and fee-splitting is sapping the vitality of the guilty participants and bringing undeserved criticism from the laity upon the heads of those who remain true to the ideals of the professions. **Legitimate surgery must suffer** and the medical profession lose caste unless the evil is checked. An important question now is, shall reform be initiated and carried out within the ranks of the profession, or shall the members who walk in clean paths calmly wait for lay writers and reformers to rouse the

people to an indignant demand for the elimination of graft from medical service. Since knowledge of flagrant violations of the unwritten law governing the profession has already been widely disseminated, some of those who expect to reform themselves may have to hurry or be overtaken by a strong wave of public opinion and crushed into submission.

Offenders of the unwritten law may be considered under these classes.

I. Division of fee by surgeons.

II. Collections and disbursements made by physicians.

III. Reciprocity as sometimes practiced.

Under the first division are grouped the surgeons who have caused the chief trouble. The Brooklyn Eagle, in a recent editorial, said that "sundry surgeons who are highly remunerated split their fees with many of the physicians who send cases to surgeons for operation. The tendency of this collusion is to declare operations are necessary which are not necessary, in order to increase the money which conspiring surgeons and conspiring practitioners can divide between them, at the expense of their pockets. For in matters protecting health and life against syndicated conspirators, against both there can be no steps backward and the disclosures today have kindled a fire which will not be extinguished until the abomination shall have been burnt." The Survey recently said: "Moreover, the practice of dividing fees tends to choosing surgeons who will make the most liberal terms, but who may or may not be the most capable within reach. In other words, the tendency is to make the basis of choice not ability but liberality in fee-splitting." One phase of this subject has not been sufficiently emphasized, and that is the corruption by the surgeon of the young practitioner before he is well grounded in honorable conduct toward his patients. When he first

receives a division-fee check, it requires some moral courage to send it back, for he may be in great need of the money. A surgeon doing a large business, whose rule is to pay commissions, **has doubtless contaminated more than a hundred physicians.** Some of this number were perhaps first contaminated by others.

About eighteen months ago a man tried to collect some money from a physician located in a town some distance from the state capital. Not having the money, the doctor, in explanation, became confidential and made the statement that he had several hundred dollars in commissions due from Doctor ———. He could not send but would have to go to Denver after it. The surgeon is well known to the writer, who understands there is good possibilities of his joining the progressives and leading in the reform of the abuse.

Under certain conditions the physician may be the greater transgressor. If he calls a surgeon to operate for him, assists at the operation and then cares for the patient afterwards, and then collects a fee for his services and also accepts a check from the surgeon, he becomes the chief offender against fairness and trust.

The honest family physician may collect the entire bill and pay to the surgeon his regular fee without the slightest irregularity. The patient knows how much each is to receive.

A far different result does not appear to be uncommon. A physician may make an agreement for the entire cost of an operation, negotiate with an operator to do the work at a figure far below the regular price, thus pocketing a fee in excess of what he has justly earned; or he may ask a surgeon to operate without mention of the price, then collect the entire bill fixed by himself, and pay to his surgical associate a small sum and consider the transaction closed. The man who is

guilty of these things either takes money from his patient for services not rendered or withholds (embezzles) money from his associate who has earned it, and to whom it belongs. His excuse, if any, is that he proposes to keep his patient in his own hands.

III. In obscure cases a surgeon sometimes desires the opinion of a physician skilled in diagnosis. The latter's conduct is clear. The patient returns home and a written opinion is sent to the surgeon. A surgeon living in one of the cities southeast of Denver sent a patient to a specialist in the latter city for his diagnosis and opinion. This specialist advised the patient to have a Denver surgeon perform the operation, yet her own surgeon was competent. What was the reason for this action? One should not hint at a scheme for a commission in this case. Was he practicing reciprocity under some such agreement as this: "Send me all the consultations you can, and I will send you all the operations I can?" Instances are numerous when a surgeon consulted advised an operation but the patient, not fully convinced of its necessity, consulted a specialist in internal medicine, who advised an operation by Doctor ——— without delay. The first surgeon was ignored or dismissed with the remark that the learned specialist wanted to be present at the operation and compare results with the diagnosis. The patient should have been highly flattered by the great interest displayed.

Not many months ago a patient consulted a specialist regarding the stomach. An operation was advised and several surgeons recommended. The surgeon consulted agreed to do the work for a certain sum, and out of this pay the specialist's fee. Comments are unnecessary.

If consulting physicians make it a rule to exact a percentage of cases sent to operators, as does a visiting physician to a Brooklyn hospital, the lay

press may well speak of the farce of medical ethics, and the abominations in medical practice.

Reciprocity among physicians, on the surface, would appear to be an excellent plan for helping one another. It may, however, be abused. An operator may send cases to a lung specialist, who, in order to reciprocate, sends back tubercular subjects on whom to operate, in some instances, would be a disgrace to surgery. Passing patients back and forth is some times such a drain on their finances that they have reason to complain of extortion by the profession.

How shall the unfortunate subversion of ethics be checked or abolished? Many plans have been proposed, and a few already put in operation. One of the latest is that advanced by Dr. I. B. Perkins, which was published in the November number of the Medical Times. His plan requires the organization of a society in each county, state and national society similar to those now in existence, for the purpose of discussing ethics and deciding what is ethical or otherwise. Much labor would be required in forming such organizations, and each member would be required to pay a fee. It is doubtful if a society could be maintained with one idea alone as the excuse for its existence. It is uncertain also if the chief transgressors could be induced to join. One of the chief purposes of our present medical societies is to promote and jealously guard medical ethics. When any one society fails in this, it fails in part of its mission. Why cannot the commission evil and other questions of ethics be discussed more frequently in the county societies and at the state meeting?

It has been proposed that each hospital have a censorship composed of the hospital board and representative physicians, who are to decide who shall enter the hospital as operators. This method, if properly conducted and free

from politics, ought to be productive of great good. It might, however, result in the growth of private hospitals.

The action taken by the New York Academy of Medicine on October fifth last, in adopting the following resolutions, should produce beneficial results:

"Resolved, That the secret division of a fee, or fees, with any person or persons, who may be instrumental in influencing a patient, or patients, to apply for operative care or professional advice, is unworthy of any member of the medical profession.

"Resolved, That if such division of fee is made by a member of the New York Academy of Medicine it should be counted as of sufficient ground for the expulsion of the member.

"Resolved, That the council considers it its duty to investigate charges against members made on the basis of such division of fee, and on receipt of proof of offense, the council may either permit the resignation of the person or expel him from the academy."

Why cannot Denver and other county medical societies adopt these or similar resolutions? A good censorship might make it interesting for transgressors.

Surgeons in Buffalo, N. Y., signed an agreement not to divide fees. Why cannot operators in Denver enter into a similar agreement? Who will lead the movement? The agreement and list of signers should be printed in the two medical journals published in the state. If anyone refuses to sign, publish his name as one refusing to sign. The Buffalo method would probably produce quicker results than any other.

Censorship, society requirements and the signed agreement can all be made valuable and without conflicting.

Every honest practitioner and surgeon should not hesitate to deplore by private or public utterance, the evil tendencies toward commercialism of recreant members of the profession, and to sturdily maintain that the truest and best men still stand for lofty ideals and heroic service.

MEDICAL PROGRESS

Prevention and Management of Scanty Breast Milk. Simon Marx (February Critic and Guide) affirms that early stimulation (putting the child to the breast every two hours, from soon after birth) is of great importance. Real breast activity may be delayed for a week or ten days, hence breast nursing should not be abandoned too early. Very effective as a lactagogue is the careful use of the Bier cup for local hyperemia, applying the cup not longer than 3 minutes for a total period of 15 minutes night and morning. The suction, best done by the patient herself, should be just short of causing pain, the breast being rendered bluish-red, but not dusky. The writer also recommends malt extracts with or without iron and extracts of the milk plant and of cotton seed.

"Catching Cold." Wm. Hanna Thomsen (Medical Record, Feb. 17), under the head-

ing, "Pathology of Chill Affecting Localized Areas of the Skin," shows the intimate association between the vasomotor nerves of any area of the skin and those of the internal parts underneath that area, and the fact that special associations occur between widely separated parts of the body, as between the feet and the throat or the pelvic organs. The impairment of the arterial circulation in the nose and throat, produced by a prolonged cold draft on the nape of the neck, opens the way to infection by omnipresent germs. Chronic nasal catarrhs, says the writer, are best treated by sudden and very brief douching of the back of the neck with cold water, to be followed by active dry friction to promote the restoration of circulation in the parts, meanwhile carefully protecting the hair from the water. The nose itself may be treated with insufflations of a fine powder containing

two drams of subcarbonate of bismuth with six grains of aristol. In chronic bronchitis, he has patients in winter wear both shirts and drawers made with perforated chamois skin, worn just over a light undergarment.

Seven Consecutive Cases of Tetanus With Recovery. Pearce Kintzing, professor of the practice of medicine in the Maryland Medical College (New York Medical Journal, Dec. 23, 1911) secured these very satisfactory results with a solution of pure phenal of 10% strength, made by dissolving the deliquesced crystals in sterile water. The solution was then diluted from 5 to 10 drops to 30 or 40 minims, and injected into one or both buttocks. The dose was repeated at intervals of three hours at first, increasing the interval as improvement was manifested. The urine should be carefully watched for a smoky appearance, though in the writer's cases this did not appear. The original wound should be excised or cauterized with carbolic acid (strong solution), nitric acid or silver nitrate. Improvement in these patients was sometimes apparent after the third or fourth day, but convulsions (milder and fewer) continued generally about ten days. Baccelli, in 1892, was the first advocate of carbolic acid injections in tetanus, but he employed much smaller doses (15 minims of a 1% solution).

Oxyopathy. This is not the name of a new system of drugless healing, but is the term applied by Carl G. Leo-Wolf (New York State Journal of Medicine, Nov., 1911) to a diathesis, usually inherited, ascribed by Stoeltzner to a failure to eliminate from the system those acids which cannot be oxidized without at the same time lowering its supply of fixed alkalies below the point at which the patient can retain perfect health. Synonyms of "oxyopathy" are "arthritis," "lithemia" and "exudative diathesis." Stoeltzner believes that many infants do not thrive on cow's milk on account of an alimentary poisoning with phosphoric acid, liberated from the excessive (for the human infant) amount of calcium phosphate in the milk. Excess of fat in the milk favors the formation of the unoxidizable mineral acid, because of the greater quantity of fatty acids formed in the intestine. By adding a fixed alkali to cow's milk, what phosphoric acid may be set free in the bowel is bound, and its absorp-

tion prevented. Sodium citrate has proved to be the best alkali for this purpose—one dram per diem, or what can be placed on the point of a table knife, added to the bottle immediately before each feeding.

A Simple Means of Removing Plaster Apparatus. Stransky (quoted in Pacific Medical Journal) moistens the line of section with vinegar applied on a tampon of wool. After a minute or so the plaster will be found completely softened, so that it can be easily divided with a pocket knife or ordinary scissors.

How to Administer Sodium Salicylate in Large Doses. Crouzet (quoted in New York Medical Journal) uses a mixture of 4 drams sodium salicylate, 1 dram gum arabic and 4 ounces milk. The dose is a tablespoonful (containing 30 grains of the drug) administered per rectum ad libitum, as the case demands, by means of a glass syringe or rubber bulb. The mixture keeps well for several days at any temperature.

A Study of the Heart in Syphilis, Based on 50 Cases. Harlow Brooks (Medical Record, Feb. 25) calls attention to the vital importance and frequent occurrence of syphilitic disease of the heart and vessels (myocarditis, coronary sclerosis), which may begin early in the secondary stage. In one of the writer's cases an aneurysm perforated before the secondary rash had fully appeared, and in another cardiac and aortic lesions sufficient to cause death had developed within six months after infection. He considers salvarsan no more dangerous in these cases than in others with a seemingly simple infection, but insists that mercury should be pushed just as vigorously as in acute syphilis of the central nervous system.

Hypoadrenia as a Cause of Death in Infections, and Its Treatment. According to Sajous (Monthly Cyclopaedia and Medical Bulletin, Dec., 1911) the lethal factor in fatal cases is arrest of function of the adrenals, due to excessive drain of the secretion, which, from his viewpoint, not only lowers blood pressure and so hampers the circulation, but entails arrest of pulmonary and tissue respiration, and lowered resistance to bacterial poisoning. The use of adrenal gland or of pituitary body (less violent but more lasting effects) insures re-

sumption of oxidation processes, increases the contractile power of the heart, and antagonizes efficiently any pathogenic organisms which may be present. In the average case, when asthenia and low blood pressure appear, the author recommends the dry suprarenal gland of the U. S. P., 3 grains t. i. d. in capsules, gradually increasing to a 5-grain dose. When the cardiac adynamia disappears, $\frac{1}{2}$ grain of desiccated thyroid, 1-60 grain strychnin and 1 grain of Bland's pill, added to each capsule, greatly hasten convalescence. Renon and Delille found that in grave cases of typhoid fever with hypotension, tachycardia, irregular pulse, oliguria and insomnia, $1\frac{1}{2}$ grains of whole pituitary extract at noon daily was extremely efficient. In pneumonia, says Sajous, adrenal and pituitary preparations should be used only when a low blood pressure and other symptoms of hypoadrenia are present. In emergency cases (collapse) 15 to 24 minims daily of adrenalin solution hypodermically in 5 or 6 doses are safe and of great value, particularly when combined with the intravenous injection of physiologic salt solution.

A New Medical Treatment for Cancer. For the past 18 months Eugene G. Kessler (January New Yorker Medizinische Monatschrift) has been using, he claims, with satisfactory results, selenium oxid (one milligram three times a day) in cases of cancer of the breast and other organs. The treatment is based upon the affinity of selenium for oxygen, thus causing metabolic changes favorable to the normal excretion of sulphur, which is said to be markedly diminished in carcinoma. The selenium treatment sometimes excites irritation of the kidneys.

The Vaccine Treatment of Whooping Cough. Bordet and Gay claim to have discovered the causative microorganism in the form of a very short ovoid bacillus. Bordet has obtained an endotoxin from this organism, says J. Warren White (Virginia Medical Semi-Monthly), and he hopes to produce an antitoxic serum. Abraham, of Philadelphia, reports 24 cases treated with a vaccine of this bacillus (40 million every fourth day in the interscapular region) with gratifying results.

A Fine Line of Sterilized Solutions.—Hermetically sealed glass ampoules, containing

sterilized solutions of important drugs for hypodermic use have assumed a commanding place in medicine in a comparatively short period of time. Two or three years ago, seeing the tendency in this direction, Parke, Davis & Co. brought out a modest line of something like a half-dozen formulas, notable among them being solutions of Adrenalin, Codrenin, and Cacodylate of Sodium. From this small beginning the line has expanded until now the company announces a total of about twenty distinct formulas.

The full list, we understand, is now appearing in display advertisements in the leading medical journals of the country. Physicians who are interested in this advance in hypodermic medication—and every physician ought to be—will do well to search out these advertisements and familiarize themselves with the comprehensive line of solutions therein offered.

Solutions provided by the glaseptic ampoule, it is obvious, have several advantages over those prepared in the ordinary manner. They are ready for immediate use; there is no necessity to wait until water can be sterilized and cooled. Accuracy of dose is ensured, each ampoule containing a definite quantity of medicament. The solutions are aseptic; they are permanent.

Ask Your Druggist.—Abbott's Saline Laxative, for sale at practically every drug store in the United States. The druggists are prepared to fill physicians' prescriptions for this popular effervescent laxative. This product is non-secret and is promoted ethically to the medical profession alone; therefore it deserves, and is having, the confidence and recommendation of physicians everywhere.

A 25c bottle will be sent to any physician on request. In writing prescriptions, specify ABBOTT'S, and you will get the best.

Two in One.—Dr. Jno. W. Wainwright, New York, has purchased the American Practitioner and News of Louisville, Ky., and the New England Medical Monthly of Boston, Mass., and will combine the above two journals in one, with the name of "The American Practitioner." Publishing office, 80 Washington Square E., New York. May success attend the doctor's new venture, but these are strenuous days in medical journalism.

Meningo-Bacterin Announcement

WE are prepared to supply Meningo-Bacterin (Meningococcus Vaccine) for immunization against cerebrospinal meningitis.

The immunization treatment consists of three doses given at intervals of from five to ten days.

First dose contains 500 million killed bacteria
Second dose contains 1000 million killed bacteria
Third dose contains 1000 million killed bacteria

Meningo-Bacterin is supplied as follows:
Single immunizing package containing 3 doses (each dose in a separate aseptic glass syringe).

No. 5, Hospital and Board of Health package, containing 30 doses, each in a separate ampul, sufficient for 10 immunizations.

We also prepare **Anti-Meningitis Serum**, after the method of Flexner and Jobling, for the treatment of cerebrospinal meningitis. Anti-Meningitis Serum is supplied in packages containing 2 syringes of 15 c.c. each, with a special needle for intradural injection.

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Denver Medical Times and Utah Medical Journal

PUBLISHED MONTHLY BY

THE MEDICAL TIMES PUBLISHING COMPANY.

Subscriptions, \$1.00 per year, in advance.

Single Copies, 15 cents

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THE MEDICAL TIMES PUBLISHING COMPANY,

1839 Champa Street, Denver, Colo.

Address all Articles, Personals and other items of interest, and Books for Review to the Editor, Edward C. Hill
632 Metropolitan Building, Denver, Colo.

Our scale of prices for REPRINTS about covers actual cost. Those requiring reprints of published matter must order at the time of revising their proofs; price list for reprints on application to Business Office.

Entered at the Postoffice at Denver, Colorado, as mail matter of the Second Class.

Business Office Telephone, Main 5035

Editorial Office Telephone, Main 2340

THE RATIONAL INTERPRETATION OF LABORATORY FINDINGS.

Physicians and surgeons are accustoming, in nearly every instance, to take the pulse and temperature of their patients who are sick in bed. The data obtained in this way are usually helpful, though seldom decisive and occasionally misleading, as when a normal pulse and temperature coincide with gangrenous appendicitis. Just so, laboratory findings have nearly always some positive or negative value, but in the event of negative results particularly, should not be held conclusive. A Widal reaction, for instance, may not appear until near the end of an attack of typhoid fever.

Time was when the presence of albuminuria was considered certain evidence of Bright's disease, whereas in truth and in fact there are at least a hundred other causes of albuminuria. I remember, some twenty years ago, a

young man was rejected for life insurance because of a trace of albumin due to a subacute gonorrhea. The conservative old examiner who rejected him has long since gone to his reward, while the young man, now of middle age, is well and hearty. To distinguish between the albuminuria of chronic nephritis and that of circulatory stasis, is sometimes difficult, since in both conditions we may find considerable albumin and many casts. With primary kidney disease, however, blood pressure is usually excessive and lipoids exceed one per cent of the serum. The therapeutic test is likewise of value. I have recently seen 20 per cent by volume of albumin disappear, along with dropsy of the feet and legs, under the administration of circulatory tonics, for non-valvular dilation of the heart due to a life-long bronchial asthma. It is a curious and confusing fact that the amount of albumin in nephritis and the quantity

of dextrose in diabetes are often diminished just preceding death; urea, however, shows also a prognostic decrease. Regarding the meaning of the presence of albumin in the urine of comatose persons, Cabot presents the truth forcibly that in practically all cases of coma from whatsoever cause albumin and casts are to be found in the urine.

In the study of malaria and of blood diseases proper, the microscopic inspection of the blood is absolutely essential to correct diagnosis. But even here the state of the circulation and other factors must be taken into account. The heart strain of high altitudes often produces, by stagnation of weakness and dilation, a pseudopolythemia, and I have repeatedly seen red blood counts of over 7,000,000 per cubic mm. go down to 5,000,000 or less under the diligent use of tincture of *strophanthus* and similar remedies, along with a lessening in the lateral diameter of the heart. A moderate hyperleucocytosis has in itself little definite significance, but the differential count is of distinct and recognized value, especially in the detection of internal suppuration (relative excess of polynuclear neutrophiles). Cabot calls attention to the great diagnostic value in chronic lead poisoning of basophilic stippling of the red blood corpuscles.

If it were only for therapeutic indications, the analysis of the gastric contents after a test meal would be worth while in patients with protracted indigestion. Unfortunately for diagnostic purposes, the stomach is the recording office for all parts of the abdomen, and the hyperchlorhydria or hypochlorhydria found is not seldom a symptom of chronic appendicitis or disease of the gallbladder. General conditions moreover must be kept in mind. Nicotinism is in men one of the most common causes of hyperchlorhydria, and pernicious anemia is more con-

stantly accompanied by a lack of free hydrochloric acid than is gastric cancer itself. There is so far no distinctive chemic test for cancer of the stomach, although there have been many erroneous assertions upon this point in the past. First it was lactic acid that was a certain sign of cancer; then lactic acid not preformed (using a test breakfast of oatmeal and not bread); then the Oppler-Boas bacilli, then tryptophan, the acetic acid test, etc. As a matter of fact, lactic acid will be formed in the stomach whenever hydrochloric acid is deficient or absent, and the Oppler-Boas bacilli flourish in a lactic environment. The quantity and physical appearance of the evacuated gastric contents are of equal importance with the chemic tests, but here again one may fall into error. In a recent case very little gastric juice could be obtained within one-half hour after the test breakfast, and the filtrate showed the characteristics of achylia gastrica. The patient had lost steadily in weight. No tumor mass could be felt. From the absence of obstructive signs and symptoms, and the status of the case in other respects, I thought the patient had a cancer, not of the stomach, but of the intestine or mesentery. Operation showed a general scirrhus infiltration of the stomach, rendering this organ a rigid tube through which the food slid swiftly. The presence of occult blood (shown by the benzdinin test) in vomit or feces is one of the most serviceable items in the diagnosis of cancer or ulcer of the alimentary tract.

It would not be difficult for the writer to extend these remarks indefinitely, but perhaps it would be well to conclude with a few almost axiomatic remarks, to-wit: that breast milk, like cow's milk, is much richer at the end of the nursing than at the beginning; that sputum screted from the nasopharynx is not nearly so likely to contain tubercle bacilli as is that

from the bronchial tubes and air vesicles; that the most pathogenetic bacteria may be the least abundant in a specimen; and that the addition of a comparatively large amount of formalin or chloroform to a specimen of urine effectually screens the centrifugated sediment from a clear microscopic inspection.

THE CHIEF CAUSES OF DEATH IN THE UNITED STATES.

We have recently received bulletin 10 of the Bureau of the Census, giving the mortality statistics for 1910 of the registration area, which now includes 21 states and 43 cities in other states, embracing 58.3% of the total population. The whole number of deaths in this area in 1910 was 805,412, being an average death rate of 15 per 1,000 estimated population. The average mortality for the preceding ten years was 15.8. Among the registration states in 1910 Washington had the lowest rate (10), and New Hampshire the highest (17.3). Among registration cities Richmond showed the highest mortality (22.6), and Seattle the lowest (10.1). The death rate for the same year was 12.7 per thousand in London and 16.7 in Paris. In the United States in 1910, of the deaths registered 54.6% were of males and 45.4% of females. Of this total mortality 19% was among infants under one year of age—27% in the first five years of life.

Tuberculosis still ranks as the most important mortality factor, being responsible for 10.7% of the deaths from all causes registered in 1910. Organic diseases of the heart (9.5%) were next in importance; then diarrhea and enteritis (7.8%), pneumonia (6.7%), and nephritis (6.6%). For children under 5 years the leading cause of death was diarrhea and enteritis; for those from 5 to 9 it was diphtheria (including "croup").

Typhoid fever caused 12,673 deaths

in the registration area in 1910, equivalent to an average death rate of 23.5 per 100,000 estimated population. Colorado (41.9) stood highest here, with Maryland (40.7), Montana (39.9) and Utah (37) closely following. In the same year the death rate from typhoid was 4 per 100,000 in London, Stockholm, Berlin and Vienna; 2 in Edinburgh and Christiana; 10 in Dublin; 7 in Paris and Amsterdam; 19 in Brussels, and 3 in Copenhagen.

While the death rate directly from measles (12.3 per 100,000) is not formidable, yet many deaths assigned to pneumonia, broncho-pneumonia and perhaps tuberculosis really resulted in the first place from an attack of measles, making it a disease to be avoided whenever possible. Scarlet fever is apparently as deadly as ever, the mortality in 1910 being 11.6, and one point less on the average for the preceding ten years. Whooping cough is charged with causing more deaths than measles and scarlet fever together, and shows no decennial decrease—11.4 in 1910, 11.3 average for the preceding decade. Diphtheria remains the most fatal epidemic disease of childhood, although in the past decade there has been a marked reduction in mortality (20.4 in 1910, 27.3 on average from 1900 to 1909 inclusive).

To the loose and dubious term, influenza or la grippe, is ascribed a death rate of 14.4 in 1910. There were no deaths in the registration area from Asiatic cholera. The plague caused one death; typhus fever, 2 death; leprosy, 10; beriberi, 10; chickenpox, 65; mumps, 48 Rocky Mountain tick fever, 11; pellagra, 368. Acute anterior poliomyelitis is reported to have caused 1,459 deaths in 1910 (four in Colorado), as compared with 569 in the preceding year.

Concerning tuberculosis, among the registration states Colorado, for obvious reasons, had the greatest number of deaths from this cause (224.8

per 100,000 population), California coming second (204.9).. The general death rate from cancer increased from 73.8 in 1909 to 76.2 in 1910, the latter being the highest ever recorded. The mortality from all forms of pneumonia showed an increase from 137.7 in 1909 to 147.7 in 1910. It is interesting to note that the death rate from this disease is higher in the eastern states (greater average age of people) than in the Rocky Mountain region. Bright's disease and nephritis showed an increase from the rate of 95.2 in 1909 to 99 per 100,000 in 1910.

The means of suicide in order of frequency were firearms, poisons, and hanging or strangulation. California had the highest rate (29) from this cause, with Montana (21.4) second, and Colorado (20.8) third. For cities of over 100,000 San Francisco (44.2) was first and Denver (31.6) sixth. Accident (84.3) and homicide (excluding suicide) together led to an average death rate of 90.3 in 1910, as compared with 85.8 in 1909. Colorado had the highest mortality (150.3) from these causes, with Montana, Washington, Pennsylvania and California in order following. The greatest number of deaths in this connection were caused by burns (conflagration excepted), drowning, falls, mine injuries and railway and street car accidents. There were 980 deaths reported from automobile accidents, and 1,940 from injuries by other vehicles than those above mentioned.

MUCH ADO ABOUT NOTHING.

There is a very great difference betwixt Tweedledum and Tweedledee. You may not think it, gentle reader, but there is. For example, it is very unethical to advertise the original preparations which have inferior substitutes in the Druggists' Scrapbook (alias the National Formulary), although in the case of one of these preparations at least honest pharmacists sometimes ask permission to substitute the orig-

inal product for the prescribed official substitute, since the latter is impracticable for them to prepare. To speak well of any proprietary preparations made in this country is also under the ban of the self-appointed medico-political censors, although some of the best medical works published last year mention these products with favor, and it is only a few years since the last cover page of the Denver Medical Times carried an autographic endorsement of one of them by an ex-president of the American Medical Association. To advertise a useful medicine in an independent journal may be almost a crime, but to carry in a dependent (society) publication a product which is advertised at nearly every soda fountain is highly commendable.

The place of manufacture has much to do with the medico-political eligibility of a pharmaceutical product. If it comes from Bingen on the Rhine, stamp it "O. K." at once. For instance, Salvarsan (note the very suggestive trade name) was not passed upon by the famous council until early this year, yet for more than a year before it had been exploited in the medico-political society journals, and been employed (with profit to themselves at least) by the most ethical members of the medical profession.

There are a number of ways of perfectly ethical self-advertising. One of these (ahem!) is to edit a medical journal. Another is to publish a book upon one's specialty (let us say the eye) at one's own expense. Still another is "to speak in public on the stage" (to which we plead guilty), whereby the dear public get an object lesson in knowing a good doctor when they see one. It is furthermore quite ethical to write an endorsement of an extremely high-priced (say \$150) double-volume multiple autobiography in which your own portrait will appear, but woe to the man who writes favorably of anything outside the medical profession!

I have declined several times to have my photograph used in the columns of the daily press, but find no fault in others doing this, if they so desire. Indeed we have viewed therein with pleasure the handsome features of the eminent trustee of the American Medical Association who graces Denver with his presence, said features appearing when he has made a visit to Pueblo or when his auto has collided with a tramway car.

The question of the good or bad ethics of medical testimony appears to be largely a personal matter. For instance, the Coca-Cola company, whose delectable caffeinic product is advertised in street cars, on brick walls and at soda fountains, won its defense last summer against the Government pure food forces, headed by the redoubtable Dr. Willey (always supported by the J. A. M. A.), at an expense of about a quarter million dollars. This expense account was made up largely of the charges (\$25 to \$200 per diem) of distinguished medical experts, including Dr. Victor C. Vaughan, Dr. Hobart A. Hare, Dr. Ludwig Hektoen, Dr. H. N. Moyer and Drs. Wood, Wilcox, Hollingsworth, Chandler, Haines, Emerson and Wesener. A number of these expert witnesses, on both sides, contradicted under oath, statements printed in their own works, but if a medical expert hasn't the right to change his mind over night, who has? The defendant company got a verdict in its favor, and we think properly so, but what a righteous rumbling and roaring there would have been in the sanctum of the J. A. M. A. had the witnesses for the defense been men of lesser note, and the verdict been the reverse!

The border line between the practice of medicine and the cosmetic art is not distinctly defined. Physicians generally are not averse to having their lady patients go to a "beauty doctor" for the relief of a bad complexion or to have wrinkles rubbed away, but whether or not the "beauty doctor" should extend her efforts below the neck seems to be a debatable question. Simple obesity can hardly be classed as a disease, and many good practitioners recommend, in addition to regimen, the resort to massage, to electric light baths or to foreign mineral springs.

Strange to say, the promoters of methods for reducing obesity have not usually been medical men, who indeed often appear to regard the corpulent condition as hardly worth scientific attention. Wm. Banting (1797-1878), for instance, was not a physician (though in a sense a medical follower), but an undertaker. That doctors of medicine may possibly learn something from the laity, is shown by the life of Edward Jenner, who acquired his first intimation of vaccination from a dairy maid.

The Facts in the Case as to Marjorie Hamilton's Obesity Cure.

Last fall I was called upon by Mr. George B. Slattery, an attorney, with the pamphlet of directions for the Marjorie Hamilton's method of reduction of obesity, with a request to give an opinion upon it for use only (see certificate below) with the post-office inspectors and the United States district attorney. Unguardedly I did not ask to see their other literature. The direction pamphlet contained, as I remember, some forty pages of matter, mostly typewritten, with a few illustrations of exercises to be followed. The methods mentioned were essentially those of good authorities, and constituted to all intents and purposes a drugless treatment, with at least two or three new (to me) ideas. They seemed to me preferable to the thyroid anti-fat mixtures of the drug stores. That an alkaline powder (which I tested) should be used to encourage frequent bathing, appeared to me a harmless flummery very much on the order of our prescribing lithia tablets, one to a glass of water, in order to induce our patients to drink the amount of water which they need. The pamphlet was written down to the level of the prevalent popular taste, and hence was in a somewhat gushing and sloppy style.

The price of the "system" was stated to me as three dollars. This did not seem exorbitant in comparison with other correspondence instruction methods. Indeed it compared favorably with the not infrequent custom of the doctor in his office handing to an obese patient a ready-made typewritten copy slip or a printed page torn from a book of diet lists, and saying, "Two dollars, please!" It may be added that there are few, if any, physicians of my acquaintance who write out forty pages of detailed directions for the use of this class of patients.

Unfortunately, I am not of a suspicious nature. The attorney for the Marjorie Hamilton company is an old patient of mine, as is likewise Mr. Ward, then United States district attorney, and Mr. Cunningham (Marjorie Hamilton's husband) was also temporarily a patient, having been referred to me by another practitioner for examination. Believing as I did that the pamphlet of instructions (the only literature of this

company in my possession) had intrinsic merit, and with the assurance that my opinion was not to be used as an advertisement, it seemed no more to me than the introduction of one acquaintance to another. Had I been more astute, had I myself ever advertised as a multi-specialist in the daily papers (like unto a certain very prominent American medical editor), I would never have written this statement, which was written at first without any thought of direct pecuniary reward:

"Denver, Colo., October 11, 1911.

"Miss Marjorie Hamilton, Central Savings Bank Building, Denver, Colorado.

"Dear Madam. I have examined with close attention your drugless treatment for obesity. In my opinion it would be considered by physicians generally as a most modern and excellent method of reducing excessive fat. Your treatment seems to be entirely safe and harmless.

"I know of no better or safer treatment. It seems to me to be a most logical and common sense method of treating obesity. Your treatment will, no doubt, be efficient with the majority of patients suffering with undue corpulence.

"The family physician is usually quite competent to handle successfully all cases of over fatness and skin blemishes, but frequently he hasn't the time nor the inclination to devote his care to the minute details requisite for the desired successful outcome. Marked obesity favors the occurrence of disease and hinders convalescence.

"(Signed) EDWARD C. HILL."

It was not until last month that I received from inquirers the folder advertisement, including the above statement with offensive

and untrue ("leading authority of the world," etc.) heading, and at once began to take steps to have the error corrected. It was not until I saw the kind notice in the J. A. M. A. of March 16th that I knew or even imagined that the company was asking \$10 or \$15 for the method, and had a sliding scale of prices down to one-tenth this amount. The pamphlet is, of course, not worth \$10 or \$15, and the bargain counter methods used in its sale are, in my opinion, indefensible and sufficient to utterly condemn it. The same day on which I read the J. A. M. A. report, I secured from Mr. Slattery the following signed statement, which I think should absolve me from every charge but one—that of being an "easy mark:"

George B. Slattery, Attorney-at-Law,
416 Ernest and Cranmer Bldg.,
Denver, Colo.

This is to certify that as attorney for the Marjorie Hamilton Company last October, I secured from Dr. Edward C. Hill a statement of his opinion as to the intrinsic value of the Marjorie Hamilton treatment for obesity, with the explicit understanding that such statement would be used only in connection with the postoffice inspectors and not for any advertising purposes whatsoever.

(Signed) GEORGE B. SLATTERY.

We learn indelibly from our mistakes, and this was certainly a bad mistake on my part, however innocent the intent. It is needless to add, that the business management of the Denver Medical Times had no knowledge of, or interest in the matter. The only good that I can see in the whole sorry episode is that the event has helped me to distinguish between true friends and mock friends (the "I told you so" brigade).

PERSONALS

Dr. H. M. Newkirk has located at Swink, Colo.

Dr. Hayes of Victor visited in Denver last month.

Born to Dr. and Mrs. T. M. Burns a boy, on March 16.

Dr. J. M. Walker has returned from a visit in California.

Dr. J. W. Purcell has returned from a vacation in Panama.

St. Anthony's Hospital has installed a new operating table.

Dr. and Mrs. C. P. Conroy have gone to Europe for some months.

Dr. G. W. Harrison and family are recreating at Ocean Park, Calif.

Dr. R. F. Lamberton has moved to offices in the Metropolitan Building.

Dr. and Mrs. Robert Morrison are the parents of a little daughter.

Dr. R. H. Finney is now connected with Minnequa Hospital, Pueblo.

Dr. J. E. Pearls of Pueblo spent several days in Denver early in March.

Dr. S. H. Savage, formerly of Swink, is now located at Rocky Ford, Colo.

Dr. W. P. Harlow has been recreating with his family in Los Angeles.

Dr. Arch. Meador of Fowler will move to Oregon about the first of April.

Dr. F. W. E. Henkel of Silverton was in Denver the second week in March.

Dr. and Mrs. C. G. Parsons leave April 30 for a month's trip to California.

Dr. J. F. Willard has resumed the practice of medicine in Colorado City.

Dr. H. H. Martin was painfully injured in an automobile collision, March 28th.

Dr. Osee W. Hoffman has been under the weather lately with a grippal attack.

Dr. H. R. McGraw made a visit early in March to the Mayos at Rochester, Minn.

Dr. George L. Hoel of Fort Collins was operated on for appendicitis last month.

Dr. Mary E. Bates is spending several weeks in Chicago in special operative work.

Dr. W. A. Kickland spent two weeks in March with the Mayo brothers at Rochester, Minn.

Dr. Carlyle Pollock of Rocky Ford attended the big auto show in Denver last month.

Dr. and Mrs. W. T. Chambers have returned to Denver from their trip to California.

Dr. Elizabeth Newcomer has returned to Paonia from a visit to her sister in Raton, N. M.

Dr. E. E. Bartelt of Lamar was in Denver on professional business the middle of March.

Dr. W. T. H. Baker of Pueblo is visiting with friends and relatives at Rock Island, Illinois.

District Attorney Willis V. Elliott is the proud father of a fine baby girl, born March 27.

Dr. Cuthbert Pcowell has taken offices with Dr. H. G. Wetherill in the Metropolitan Building.

Dr. Gerald B. Webb is now in New York, on his way to Europe, where he will spend several weeks.

Dr. S. D. Van Meter and family will leave Denver the first week of June, for an European trip

Dr. F. W. Maier of Rocky Ford was recently called to California by the sickness of his brother.

Dr. H. S. Denison is building a handsome residence on Franklin street, between 7th and 8th avenues.

Dr. H. F. Dunkel, an old practitioner of Gunnison, died last month from a pulmonary hemorrhage.

Our good friend, Dr. H. O. Beeson, formerly of this state, is now settled down in Los Angeles, Cal.

Dr. R. W. Cary, founder of the town of Monte Vista, died at his Denver home, March 10, at the age of 60.

We understand that Dr. H. S. Finney is about to remove from the Symes Building to the Metropolitan Building.

Dr. E. Stuver of Fort Collins was a welcome visitor at the editorial sanctum on the twentieth of March.

Dr. W. H. Heath, who had practiced at Parker, Colo., for a number of years, has just died, following an operation.

Dr. W. J. White of Longmont was called to Pulaski, N. Y., last month, on account of the illness of his grandmother.

Drs. Tennant, Elder and W. W. Grant addressed the Denver Advertising Club, March 5, on fraudulent food and drug advertising.

Dr. Edward Jackson delivered an address on "Democracy in England" before the Denver Philosophical Society on the evening of March 7.

Dr. Edward C. Hill read a paper on "Some Newer Conceptions of Infection and Immunity," before the State Science Section at Greeley, March 22.

Knoll and Company of New York have been compelled to move to larger quarters at 45 John street. Thus another first-class firm is reaping its reward.

Dr. John G. Locke, who served as surgeon in the Spanish-American war, has just been appointed surgeon-general Military Order of Foreign Wars.

Dr. Wm. H. Davis recently had the misfortune to slip on the ice and sustain an injury to his hip. We are glad to note that he is up and about again.

Miss Dorothy Ellis, the beloved daughter of Dr. Charles A. Ellis, and a talented high school girl, died March 13, of acute pulmonary tuberculosis following pneumonia.

The Medico-Chirurgical College of Philadelphia has opened a new dispensary build-

ing, which is credited with being the best structure of the kind in the Quaker City.

Dr. Wm. S. Bagot surprised us all in a pleasant manner by his marriage March 18 to Miss Anna K. Wood of San Francisco. The happy couple are now on their way to Hawaii.

At the second March meeting of the Denver County Medical Society Dr. Wm. H. Crisp read an interesting review of "An Essay of Health and Long Life," published in 1725.

Dr. George H. Stover gave an actinographically illustrated talk before the Denver Electric Club, March 14, on the latest developments of the X-ray, particularly in diagnosis.

The Nebraska State Hospital for the Insane at Ingleside, Neb., has now about 350 patients. As pathologist for the institution, Dr. H. G. Maul is kept busy and is learning something every day.

Dr. A. L. Whitney, a prominent and highly esteemed dentist of Denver, for some years secretary of the Colorado College of Dental Surgery, died of general streptococcus infection, March 15.

At the March meeting of the Denver Clinical and Pathological Society, Dr. Charles A. Powers exhibited a large epithelioma of the lip, recurring in a patient (also present) 13 years after a former radical operation.

A number of prominent women of Pueblo, together with the city physician, have petitioned the city council to compel a report of every case of tuberculosis and fumigation of room or house after death from this disease.

We learn with regret of the untimely death, in Arkansas, March 11, of Dr. Ellen Oviatt, formerly of Denver. Dr. Oviatt had long been a sufferer from Bright's disease. The funeral took place in Denver, March 19.

Dr. and Mrs. Wm. H. Buchtel will leave Denver, April 23, for a four months' tour of Europe. The itinerary will include a Mediterranean voyage and tour of the Levant, motoring on the continent and a trip to the doctor's ancestral home in Germany.

That erstwhile jolly old bachelor, Dr. J. D. Gibson, has done gone and done it, like the rest of us. He was married to Mrs. Katherine V. Nisbet on the evening of March 12, in St. Paul's Methodist church. The doc-

tor and Mrs. Gibson will continue to reside at the Hotel Harvard.

Gov. Shafroth has appointed the following delegates to the Southwestern Conference on Tuberculosis, which will be held in Waco, Texas, April 16-17: Father Wm. O'Ryan, Meyer Friedman, Dr. G. Walter Holden, Mrs. R. S. David, S. P. Morris, James H. Pershing, Dr. C. D. Spivak, Dr. R. W. Corwin, Dr. D. J. Scully and Dr. George R. Pogue.

Mrs. Thomas H. Hawkins was operated for appendicitis in Paris on the first of March. Her many friends and those of Dr. Hawkins will be pleased to know that she has made a good recovery from this danger. They will remain in Paris until June, then go to the country and to Rome in the fall, and perhaps to Egypt for the winter.

The Committee on Public Policy and Legislation, through its secretary, Dr. J. W. Ames, is sending out unsigned papers on timely subjects twice a month to lay publications in Colorado, with the idea of educating the public in the basic principles of preventive medicines. The contribution on "Catching Cold" is a model of its type.

Long and hearty was the applause following Dr. C. E. Edson's inimitable presentation of medical history as seen in caricature, with lantern slides, at the second March meeting of the Denver County Medical Society. That human nature is about the same in every century, and that the public are not blind to any tendency to fads in the medical profession, were brought out unmistakably.

The semi-annual clinics of the Denver County Society, March 29-30, proved very successful from every point of view. The course included clinics at all the principal hospitals, practical papers, X-ray and other demonstrations and social relaxation. All the city members of the profession, as well as the out-of-town visitors (numbering over thirty) were delighted with the new departure, and anticipate even better meetings in the fall.

Dr. W. C. Abbott, editor of the American Journal of Clinical Medicine, and head of the Abbott Alkaloidal Company of Chicago, was in our city recently looking after his many interests. It is good to meet the sage of Ravenswood, for he is the exponent of optimism, and as his great institution in Chicago is enjoying continued prosperity and growing all the time, he has just cause

for feeling unusually good, but after all he has earned it all.

Dr. John Galen Locke and his father, Major Charles E. Locke, will leave Denver this month for Dublin, London, Paris, Berlin, Vienna, Rome and Constantinople, thence to Calcutta, Hong Kong, Yokohama and Mania, returning then to San Francisco and Denver. The travels will be of a scientific nature and will also afford the Major a reminiscent view of the Philippine fields where he served his country as a surgeon in the Spanish-American war.

The annual banquet of Delta and Eta Chapters of Omega Upsilon Phi, held in the Adams Hotel on the evening of March 9, was enjoyed by 50 or 60 active and honorary members. Dr. G. K. Olmsted audibly shone as toastmaster. Responses to toasts were made by Drs. H. S. Cooper, R. F. Sheldon, S. B. Childs, C. F. Poe, R. C. Whitman and M. E. Preston, and sweet music was discoursed by Drs. Reiss and Wallace. Altogether it was a truly gala event, even though there were no gals present.

MEDICAL SOCIETY NOTES.

LARIMER COUNTY MEDICAL SOCIETY.

Larimer County Medical Society, regular meeting March 6, 1912. Met in Y. M. C. A. There were present: Drs. Kickland, Dale, Taylor, Morgan, McHugh and Stuver.

The minutes of the last two meetings were read and approved.

The report of the Committee of the Medical Library Association was presented with the by-laws prepared by it; the report was discussed by Drs. Dale, Stuver, McHugh and Morgan. It was moved by Dr. McHugh that a vote of thanks be extended by the society to the Denver Medical Society for the medical library sent to our society—carried.

A letter from Dr. George Cattermole suggesting the exchange of essayists between the members of the various societies in this Councilors' district was read by the secretary, and it was decided to take the matter under advisement.

Dr. McHugh presented a bill of \$14 for banquet expenses, which, on motion, was allowed and ordered paid.

The subject of the evening, "Diagnosis of Chest Conditions," under direction of Dr. Dale, was then taken up and discussed. Dr. Stuver gave a brief talk on "Cough," pointing out the different varieties of cough and the conditions that produce them. Dr. Morgan gave quite an elaborate discussion of the symptoms and diagnosis of tuberculosis; Dr. Taylor read an exhaustive paper on the "Heart," and Dr. Dale closed the discussion by presenting some blue prints giving a graphic representation of "Pain" in the chest. He also reported two cases of aortic aneurism.

E. STUVER, Sec'y.

FOREIGN JOURNALS

(Translations by Dr. Joseph Cuneo.)

Denver, Colo.

Two Cases of Typhoid Fever With Obstinate Hemorrhages Successfully Treated With Anti-Diphtheric Serum; by Marotte and Ou'l. (*Arch. of Med. and Milit. Pharm.*, 1911, p. 272). The anti-diphtheric serum, according to those authors, causes hemostasis in a two-fold way, directly and indirectly, corresponding to the two causes favoring the tendency to hemorrhages in typhoid fever.

The serum acts first by its coagulating ferments (thrombokinas, thrombozyme, fibriniferment). It acts also, no doubt, by its antitoxin properties, neutralizing the hemorrhagic tendency produced by the typhoid toxine, and causing, therefore, indirectly hemostasis. (*Le Progres Medical*, Paris, February 3, 1912).

Brill's Disease; by M. Louria, (*Medical Record*, August, 1911). This disease is characterized by a typical thermic curve, by an eruption characterized by the sudden appearance of spots (rarely on the face), marked headache, some prostration, Kernig's sign and stiffness of the neck. The

difficulty in diagnosis of this disease from typhoid fever is great. The prognosis is favorable and relapses are rare. (*Le Progres Medical*, Paris, Feb. 3, 1912).

Serum Therapy in Whooping Cough; by M. R. Duthoit, (*Society of Medical and Natural Sciences of Bruxelles*, July, 1911). The author reports the results of 21 cases of whooping cough treated with Bordet's anti-whooping cough serum. These patients were all suffering from real whooping cough and they were given no other treatment whatever.

Duthoit gave them, right from the start, an injection of 10 cc., which was not repeated. He noticed after the injections a distinct decrease of the coughing spells. This decrease was noticed chiefly at night. In the meantime the coughing spells diminished in intensity and the expectoration became yellowish and freely purulent.

The treatment is absolutely free from danger and it has not caused any serious phenomena. (*Le Progres Medical*, Paris, February 3, 1912.)

BOOKS

The Taylor Pocket Case Record. By J. J. Taylor, M.D., 252 pages, tough bond paper; red limp leather: \$1.00. Published by The Medical Council Co., Forty-second and Chestnut streets, Philadelphia, Pa.

The object of this book is to encourage more accurate observation and study of cases by supplying a convenient form for a condensed record of each important case, in pocket size, so that the practitioner can have it always with him, and so arranged that the necessary data can be written down in the briefest possible time—preferably while the examination is actually being made. Thoroughness of examination is encouraged by means of a syllabus, detailing all the points that should be considered in each case. The blank for the first thorough examination diagnosis and treatment is followed by spaces for sixteen subsequent visits. The book provides for 120 cases.

Blair's Pocket Therapeutics: A Practitioner's Handbook of Medical Treatment, by Thomas S. Blair, M.D., Neurologist to Harrisburg, Pa., Hospital; Author of "A System of Public Hygiene," "Blair's Practitioner's Handbook of Materia Medica," member of the Harrisburg Academy of Medicine, American Medical Association, etc.; 373 pages, special Bible paper; bound in limp leather; price, \$2.00. Published by The Medical Council Co., Forty-second and Chestnut street, Philadelphia, Pa.

The physician very frequently needs, for instant reference, a book which gives the best methods of treatment in any given case. Many books have been offered for this purpose, but they consisted only of collections of miscellaneous prescriptions and formulas, totally unrelated to each other, with no rules or reasons to guide in their use, and almost useless to the physician with any independence of thought or scientific bent of mind.

This book gives a condensed, intelligent discussion of the best methods of treatment, based on scientific principles, with a well-tryed, reliable formula occasionally to illustrate the application of the principles. The author gives many modes of treatment far in advance of the present text-books. An ingenious method of indicating relative dosage is to print the name of the drug in capital letters for large doses, in ordinary type for medium doses, and in italics for small doses. An exhaustive "Table of Large, Medium and Small Doses" is given in the book.

The diseases treated are divided into related groups, each group occupying a chapter; 42 chapters in all (a copious alphabetical index provides for instant reference to any particular disease).

Retinoscopy. By James Thorington, AM., M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine; Ophthalmic Surgeon to the Presbyterian Hospital; Ophthalmologist to the Elwyn and Vineland Training Schools for Feeble Minded Children. Sixth edition, revised, 71 pages, with 61 illustrations, 10 of which are colored. Price, \$1.00 net. P. Blakiston's Son & Co., 1012 Walnut St. Philadelphia.

The demand for this practical little work is so great that the publishers have issued a sixth edition. The author has brought it thoroughly up to date by the addition of new illustrations as well as illustrations of new apparatus. Both styles of the De Zeng electric retinoscope are described.

The chief value of the text lies in its simplicity, and at the same time it is sufficiently thorough to give the reader a complete working knowledge of retinoscopy.

His description of the so-called "scissor movement" is especially clear and concise, and illustrates the advantage of the retinoscope over all other instruments used in testing the refraction of the eye, as by it alone can the important form of astigmatism that produces the movement be diagnosed and scientifically corrected.

The author wisely says that "the patient must have his accommodation thoroughly relaxed with a reliable cycloplegic," a statement that can not be repeated too often in this day of the promiscuous fitting of glasses by incompetents.

We heartily recommend this work to the student and ophthalmologist. E.O.S.

A Text-Book of the Practice of Medicine. By James M. Anders, M.D., Ph.D., LL.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine. Medico-Chirurgical College, Philadelphia. Tenth Revised Edition. Octavo of 1328 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.50 net; Half Morocco, \$7.00 net.

The tenth edition is one which is eminently practical and satisfactory. Students and practitioners alike will find this work entirely suited to their needs. The revision of the ninth edition of this work has been more thorough than that of its predecessors, with a view to bringing all subjects up to date and adapting them to the requirements of both students and practitioners. But little space has been devoted to moot points, while the sphere of usefulness has been enhanced by a detailed consideration of etiology, diagnosis, and treatment. An improved arrangement of the subject matter is noticed, facilitating the reader's grasp of the natural history of disease, enabling him to observe the logical connection be-

tween cause and effect, and acquaint him with the developmental stages in the individual pathologic processes described and their symptomatic manifestations. The increasing number of physicians who are entering upon the practice of medicine in our tropical possessions will find a notable enlargement in the section on Tropical Diseases. Among the conditions and diseases newly discussed are: Abortive type of plague, masked chlorosis, polycythemia, angina major, angina minor, angina abdominis, hour glass stomach, appendix dyspepsia, fatty liver, heat cramps, serous meningitis, tic, and psychasthenia. New and rewritten matter includes: Coleman on milk sugar in typhoid fever, Chantemesse's serum in typhoid fever, Brudquinski's sign in cerebrospinal meningitis, tonsillectomy in adults, articular rheumatism, Falk and Tedesko's test in chronic tuberculosis, artificial pneumothorax in pulmonary tuberculosis, Nastin treatment of leprosy, Ehrlich's remedy in sleeping sickness, salvarsan in syphilis and in malaria, Mass' method of examining feces in uncinariasis, Wassermann's reaction in syphilis, Grawitz's treatment of pernicious anemia, transfusion of blood in pernicious anemia, Holmgreen's treatment of serofibrinous pleurisy, Broadbent's sign in aortic regurgitation, Gordon's method of determining myocardia, Klotz's experiments on arteriosclerosis, colon bacillus producing ulcer of stomach and duodenum, glycyltryptophan test in cancer of stomach, Goodman's modification of Solomon's test in cancer of the stomach, Boas' method of diagnosis in intestinal catarrh, hemohepatogenous jaundice autoserotherapy in ascites, Martinet's method of estimating acidity of urine as a basis for treatment, Schapiro's test for permeability of kidney, McBride's treatment of alcoholism, neuritis, neuralgia, anterior poliomyelitis, tumors of spinal cord, aphasia, cerebral palsies of children, Breur and Freund's theories of hysteria and the analytical or cathartic method of treating hysteria. In a word, the present edition is a well-ordered statement of our present-day knowledge of practical medicine. W. H. C.

Operative Obstetrics, Including the Surgery of the Newborn. By Edward P. Davis, M.D., Professor of Obstetrics, Jefferson Medical College, Philadelphia. Octavo volume of 483 pages, with 264 illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.50 net.

The striking feature of this work is that it approaches the subject of obstetrics with a dignified regard to the fact that it is an important branch of major surgery, and the subjects are treated in the same classical manner that one meets in the perusal of other surgical methods. The different complications which may arise during gestation and labor, especially the latter, are mentioned, and the operative measures applicable to each are given in a practical

manner, with numerous illustrations as an aid to the test. C. A. FERRIS.

Diseases of Children for Nurses, Including Infant Feeding, Therapeutic Measures Employed in Childhood, Treatment for Emergencies, Prophylaxis, Hygiene and Nursing. By Robert S. McCoombs, M.D., Assistant Physician to the Dispensary and Instructor of Nurses at the Children's Hospital of Philadelphia. Second edition, revised. Octavo, 470 pages. Philadelphia and London: W. B. Saunders Company, 1911. Price \$2.00.

This book compares favorably with similar works, in subject matter, illustration, etc. The revisions affect especially the chapters on intestinal diseases and therapeutics and on artificial feeding. Many practical points in the nursing of diseases of children are added. The author gives credit to Miss Jennie A. Manly, head nurse of the Children's Hospital of Philadelphia, for assistance in revising. The book is complete, and somewhat large, and is perhaps better as a reference book for the trained nurse, than as a text-book. A. D.

A Mother's Guide. A Manual for the Guidance of Mothers and Nurses. By Francis Tweddell, M.D., Assistant Physician to The Babies' Hospital Dispensary, New York. James T. Dougherty, New York, 12 mo., pp. 182. Price, \$1.00.

This little book presents to the public, simply and clearly, the usual routine care of the baby in careful detail, directions for artificial feeding, the cause and treatment of the ordinary diseases and ailments of childhood, and ends with a valuable list of "Dont's." Such subjects as vaccination, the administration of antitoxin and the removal of adenoids and enlarged tonsils, are mentioned in a way calculated to establish confidence in these procedures.

With its many virtues, however, we think it has the fault of not placing sufficient emphasis upon calling and co-operating with the physician. Diagnosis and treatment of bronchitis are given with no mention of the physician. The same is true of pneumonia, except that it is advised to leave the treatment of complications to the physician. In a paragraph introducing the infectious diseases, it states that it is a safe rule to call a physician when certain symptoms are noticed; still the diagnosis and treatment of each are given in a way that might tempt some mothers to assume too great responsibility. A. D.

A Handbook of Medical Diagnosis. For the Use of Practitioners and Students. By J. C. Wilson, A.M., M.D., Professor of the Practice of Medicine and Clinical Medicine in the Jefferson Medical College, and Physician to its Hospital; Physician to the Pennsylvania Hospital; Physician in Chief to the German Hospital, Philadelphia; 418 text illustrations and 14 full

page plates. Third edition, thoroughly revised. Octavo; 1438 pages. Price, \$6.00. Philadelphia and London. J. B. Lippincott Company.

The more one reads and consults this massive volume, the more he is impressed with its fullness, practicality and reliability as a guide in medical diagnosis. The general subject is treated in four parts, namely, medical diagnosis in general, the methods and their immediate results, symptoms and signs, and the clinical applications to individual diseases, the arrangement here being thoroughly modern and systematic. The definition, etiology, symptoms, direct and differential diagnosis and prognosis of each disease are given. In order to represent the progress of the past 14 months, so fast does internal medicine now move, a large number of minor alterations have been made, articles rewritten and new subjects (Mexican typhus, Brill's disease, electrocardiograph, etc.) introduced in the present edition. The work is no ordinary compilation, but an original exposition of signs and methods as tested under the author's personal observation. The section on "Pain" is particularly to be commended for its philosophic discussion of underlying causes and relations. A splendid array of black and white figures and colored plates enhance the beauty and utility of the book many times. A full index gives immediate access to information upon any point desired.

E. C. HILL.

Nervous and Mental Diseases. By Archibald Church, M.D., Professor of Nervous and Mental Diseases and Medical Jurisprudence in Northwestern University Medical School, Chicago; and Frederick Peterson, M.D., Professor of Psychiatry, Columbia University. Seventh edition, revised. Octavo volume of 932 pages, with 338 illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.00 net; Half Morocco, \$6.50 net.

Church and Peterson's standard treatise was first printed in 1899, and so has had the benefit of a careful revision about every other year. Prof. Church, taking up the larger subject of neurology, retains the arrangement in eight parts so familiar to teachers and students, but has largely rewritten a number of chapters. Pellagra, poliomyelitis and pituitary diseases are considered in the light of the most recent discoveries. The text is characterized by clearness and directness, and comprehension is greatly aided by the unusual number of diagrams and tables with which the work abounds. Prof. Peterson's division on psychiatry, has been wholly rearranged in accordance with the present trend of classification in this country, and has been thoroughly revised by both deletion and addition. This part of the book is amply illustrated with photographic figures. We again endorse this work to our readers as

an admirable and authoritative guide to neurology and psychiatry.

A Treatise on Tumors. For the use of Physicians and Surgeons. By Arthur E. Hertzler, M.D., of Kansas City, Mo., Assistant Professor of Surgery in the University of Kansas. Octavo, 728 pages, with 538 illustrations and 8 plates. Cloth, \$7.00 net; half Persian morocco, gilt top, de luxe, \$9.00 net. Lea & Febiger, Publishers, Philadelphia and New York, 1912.

This sumptuous volume is a worthy successor to Senn's classic work upon tumors. It is a happy combination of clinical practicality and laboratory science. The text is divided into three parts: The General Biology of Tumors; The Special Pathology of Tumors; Regional Consideration of Tumors. This last part, constituting over two-thirds of the reading matter, is particularly adapted to the study of cases by the general practitioner. The author makes wide use of the extensive literature upon oncology (which embraces nearly one-fourth of all surgical writings), but has fully clarified it through the filter of personal experience, and his style is lucid and compact. The beautiful illustrations, by Thomas S. Jones and John D. Bigger, form virtually a complete atlas of microscopy and naked eye appearances in situ of tumors. The book is also printed on the best paper, is tastefully bound and lies open at any page. We cordially commend it to medical students, physicians and surgeons as the best work of its kind.

E. C. H.

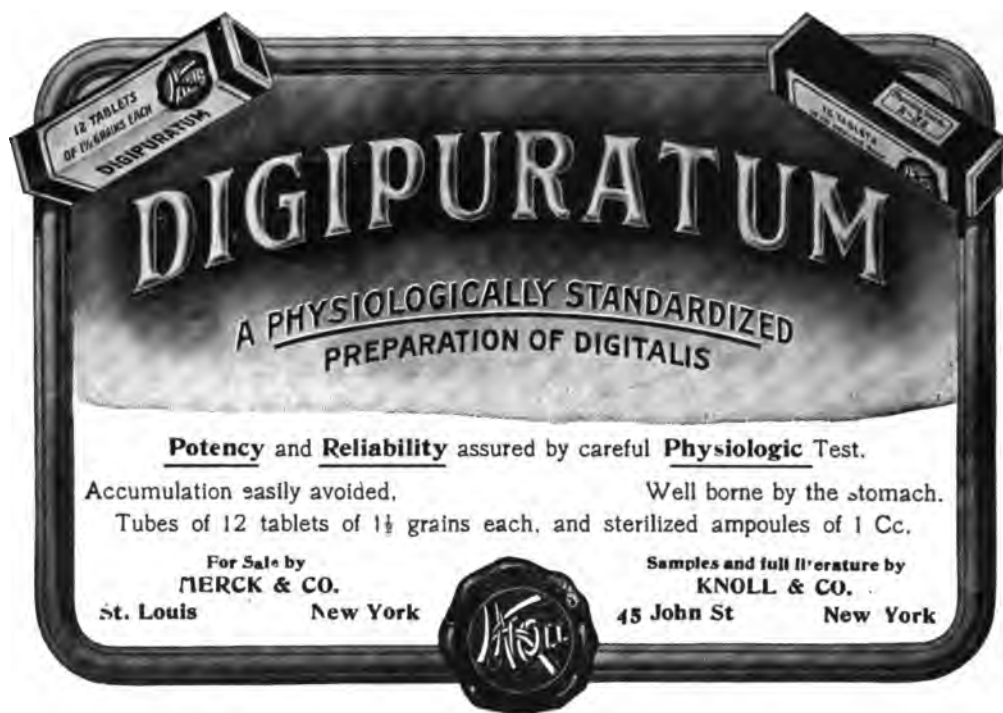
W. B. Saunders Company have just issued a new (16th) edition of their Illustrated Catalogue which describes some forty new books and new editions published by them since the issuance of the former edition.

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This edition also contains an illustration and description of Saunders' new building, now being erected on Washington Square, Philadelphia's new publishing center.

Any physician wishing a copy of this handsome catalogue can obtain one free by addressing W. B. Saunders Company, 925 Walnut Street, Philadelphia.

The C. V. Mosby Medical Book & Publishing Company, St. Louis, St. Louis, will publish April 5th, Roberts' "Pellagra," which will be the most exhaustive, the most practical, the best illustrated and most up-to-date book on this subject that has been issued in any language; it will be reviewed in these columns later.



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DR. PINET, in "Le Concours Medical," May 14, '04.

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All advertising correspondence should be addressed to the main publishing office, 1839 Champa Street, Denver, Colorado.

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REPORTABLE DISEASES.

The Public Health Bulletin No. 45, dealing with the Reportable Diseases in the various States, says: Analysis brings out some interesting points. Perhaps the most interesting of these is the appearance of Venereal Diseases on the California and Utah lists, and syphilis alone in Porto Rico. Whether the reporting is enforced or not, the appearance in a State Law is suggestive.

THE STATE MEDICAL COUNCIL— ITS DUTIES AND OPPOR- TUNITIES.

The purposes of the State Medical Association are "to federate and bring into a compact organization the entire medical profession of the State of Utah, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease and in prolonging and adding comfort to life."

What provision is made for the accomplishment of these varied objects?

The constitution provides that "the Association shall hold an annual session, during which there shall be held daily general meetings, which shall be open to all registered members and guests." It also provides for a house of delegates, who "shall be the legislative body of the Association." Also for a council, who "shall consist of the councilors and the president and secretary ex-officio."

The House of Delegates is declared to be the legislative body of the Association and under the by-laws they "shall meet at 12 m. on the first day of the annual session. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the general meetings." The first meeting is appointed for the lunch hour, the proceedings are

therefore necessarily curtailed and whatever business is transacted at this and the subsequent meetings is more or less rushed through in order that its members—the delegates—may attend the scientific meetings, clinics, etc. Delegates from the County Societies usually have friends to visit or lunch with and the one evening in the city is given up to the banquet. It is therefore no fault of the delegates that they have but little time for their legislative work or for the proper discussion and consideration of problems or questions which may have arisen during the preceding twelve months or may arise in the immediate future. They do the best they can and when they return to their homes after two days of arduous work, combined with pleasure, they wash their hands and straightway forget all about the Association and its purposes or the methods suggested for the betterment of the medical profession and its members. Unless invited by a letter to prepare a paper for the next annual meeting the members probably hear nothing more of the Association until called upon for their assessment for the current year. True, the members receive a Journal once a month, in which a paper read many months before and in which he may or may not be interested—is printed—but the journal gives him no items of news or discussion of problems affecting his state, his friends and himself. The Journal often remains on his table or in some obscure corner unopened. To him and to the majority of the members the Association is practically dead of inanition, and having been decorously buried, is forgotten until resurrected the following September.

But the constitution and by-laws of the State Medical Associations do not contemplate such an inane existence. They carefully provide for an executive body to act for and on behalf of the Association when not assembled in

general meeting. Sec. 4 of Chapter 4 provides: "It shall through its officers, Council and otherwise, give diligent attention to and foster the scientific work and spirit of the Association," and inasmuch as these by-laws have been compiled by the American Medical Association, they are to all intents and purposes more or less identical in their provisions. Consequently, the State Medical Council, consisting of the Councilors, President and Secretary, ex-officio, form the executive body of all State Associations and it rests with them to "foster the scientific work and spirit of the various State Associations."

How is this accomplished?

The duties of the Medical Council are found detailed in the five sections of chapter seven of the by laws:

"Section 1. The Council shall meet on the first day of the annual session and daily during the session and at **such other times** as necessity may require, subject to the call of the Chairman or on a petition of two Councilors. It shall meet on the last day of the annual session of the Association to organize and **outline work for the ensuing year**. It shall elect a Chairman and Clerk, who in the absence of the Secretary of the Association, shall keep a record of its proceedings. It shall, through its Chairman, make an annual report to the House of Delegates."

The varied interests of the profession of this state provides ample work for at least four meetings of the Council in the intervals between the annual sessions of the Association. But, as a matter of fact, the Council has not met except at the time of the holding of the annual sessions. No work has been outlined and no effort made to make the Medical Council an effective force amongst the members of the profession, the members of the Legislature or the citizens at large.

"Sec. 2. Each Councilor . . . shall be organizer, peacemaker and censor for his district. He shall visit the counties in his district at least one a year . . . for inquiring into the condition of the profession and for improving and increasing the zeal of the County Societies and their members. He shall make an annual report of his work."

This has been done to a limited extent. If done thoroughly it would provide work for several meetings of the Council.

"Sec. 3. The Council shall be the Board of Censors of the Association. It shall consider, etc. . . ."

"Sec. 5. The Council shall provide for and superintend the publication and distribution of all proceedings, transactions and memoirs of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary . . . It shall annually audit the accounts of the Treasurer and Secretary and other agents of the Association, and present a statement of the same in its annual report to the House of Delegates, which report shall also specify the character and cost of all the publications of the Association during the year . . . with such suggestions as it may deem necessary."

The annual reports of the respective Councilors have been usually verbal and prefatory in their nature.

The duties of the Secretary are found in Sec. 4 of Chapter VI, and provide inter alia: "He shall aid the Councilors in the organization and improvement of the County Societies and in the extension of the power and influences of this Association."

As a member of the first Medical Council of this State, I recognized the difficulties and on several occasions should have been glad to confer with the other members of the Council in executive session, but during my four years' experience I do not know of

any meeting of the Council, except during the annual sessions.

The executive body, therefore, simmers itself down to the Secretary, whose duties, it may be observed, are to act as clerk, if present.

The Councilors of the Second District was appointed Chairman at our first meeting and continued to act as such during the first three years. During the fourth year no meeting was held and no chairman was appointed until the evening prior to the annual session of 1910. Having come to the conclusion that some step should be taken to make the Medical Council an effective body instead of being an appendage to the Secretaryship I proposed at the 1910 meeting a resolution instructing the Council to meet **at least once every three months**. I did so believing that it would be for the benefit, not only of the Association, but for the benefit of the profession at large, the majority of whom do not interest themselves in the work of the Association, alleging, oft-times, that it only provides an excuse for an annual outing and having a good time with friends and city specialists hunting work.

At this same meeting—1910—the House of Delegates came to the conclusion that it would be a good thing to send the Secretary to Los Angeles to attend the meeting of the secretaries of the various state associations, as he would thereby gain pointers which would be of service to our own Association. I supported the movement, in fact moved the resolution providing for the trip and its expenses. Adopting similar arguments, I proposed that the respective secretaries and treasurers of our own County Societies should meet with the State Secretary once each year, about April, and he was so instructed, but although the State Secretary went to Los Angeles, he did not, as far as I am informed, invite the county secretaries to meet with him as directed by the resolution, neither did

the State Secretary issue any official call for the quarterly meetings of the Medical Council, and no such meetings were held during the year 1910-11.

During this year many important matters affecting the medical profession came up for discussion. Amongst others, the new Medical Practice Act, with its stringent provisions affecting the entire membership of the profession. I cannot but think that those who introduced the bill would have been glad to have received help from the State Medical Council—the highest medical authority in Utah—but the ex-officio Secretary was the only member of that body in evidence during the session of the Legislature, and he in no way represented the Council.

At the recent annual meeting, 1911, Dr. H. G. Merrill, Councilor for the Third District, is reported in the official minutes of the House of Delegates as follows:

“In the constitution and by-laws of our Association, the duties of the Board of Councilors are very clearly set forth. Last year there was introduced an amendment by Dr. Clift that the Medical Council be instructed to hold meetings once in every three months, and that they invite the Secretary and the Treasurer of all the County Societies to meet with them about the 1st of April in each year. I move you, Mr. President, that this requirement be repealed. The motion was duly seconded and carried.”

This apparently without discussion or argument. I take exception to the term amendment. An amendment of the by-laws, etc., must have been laid over until the next annual session. Dr. Merrill does not appear to have stated why he objected to meeting with his co-workers once in three months. Once more the Medical Council has become an useless excrescence so far as the betterment of the members of the Association or of the profession in general is concerned. Cui bono?

We hear a good deal just now about no third term for our Presidents.

The time is coming when the question of no third term for the secretaries of the Medical Societies will forge to the front. The A. M. A. has set the example, in retiring the secretary who had become its "boss." There are very few men who can hold office continuously without becoming "it," and though it may expedite the business of the annual sessions to have a secretary accustomed to the "ins and outs" of the work, yet the price is only too often too much to pay. The Secretary becomes too much like the old darkie Major Domo of the old-time Southern home. Under a rule limiting the office to two terms, if the Secretary is of inferior calibre, he retires gracefully, if he has the "big head," he blames the by-laws and no one is out and injured. Whilst we may admire a conservative administration, yet the medical profession is continually evolving. Men with modern thoughts and free from personal prejudices should be stepping to the front. Those who have "passed the chair," and ex-secretaries should be good advisers—the more the merrier. A time limit such as two terms would encourage our younger men to take a more active part and thereby infuse new life into each year's work. Things would not be so cut and dried and the secretary's clique would not be so much in evidence.

The question is one which should be taken up by each County Society, who should instruct their delegates to see to it that the Medical Council becomes an executive body in fact as well as in theory. Let us strengthen the Council at the expense of the Secretary, if need be.

The Legislature will meet in 1913. There are many important matters, from the medical point of view, looming up. Such as further improvements in the public health laws, a certificate

of health before marriage, the asexualization of defectives. Has the State Medical Association no interest in such matters as these? Who can better deal with such subjects than the Councilors, who are in touch, or should be, with the profession in their respective districts? Let it not be forgotten that the Secretary is the servant and not the executive of our Association.

FREDERIC CLIFT.

STERILIZING THE UNFIT.

Dr. Russell J. Smith's article on this subject in our last issues has drawn forth many inquiries as to the technique of the operation and as text books on surgery are silent, the following outline of the operation as published by Dr. G. Henri Bogart in the Texas Medical Journal will be acceptable to many of our readers: "There is a cord extending up through the anterior portion of the scrotal cavity on either side of the penis. This cord contains the vas deferens, the blood-vessels and the nerves of the parts.

The vas deferens is a tube of fibrous tissue and conveys the spermatozoa and orchitic fluid from the testicles to fertilize the semen in the seminal vesicles at the base of the bladder.

To operate, the scrotal surface is sterilized by such means as your practice has taught you to be best. The patient is best placed in an ordinary operating chair, in a semi-recumbent position. The hair should never be shaved, as the sprouting of new hair on loose scrotal surface is exceedingly annoying. If the pubescence be excessive, it may be clipped closely. The scrotal skin at the point of operation is clasped smartly between the ball of the operator's thumb and forefinger and squeezed with a rotary motion, to produce local anesthesia. Then the spermatic cord is gently pressed into the numbed area and fixed by setting a

common curved bullet forceps behind the cord.

An incision, usually three-eighths to half an inch long, parallel with the axis of the penis is made, and the vas is shown white and hard. Unless there have been adhesions the vas is free and is lifted on a curved director, and ligated to prevent a possible subsequent gonorrhea from following down the vas and setting up an epididymitis or orchitis. The vas is then cut squarely off on the testicular side of the ligature and allowed to drop back into the scrotal cavity.

Under no circumstances must the testicular end be tied, as much of the benefit results from this section of the vas remaining patulous and pouring the orchitic fluid, the Brown-Sequard "elixir of life," into the scrotum, to be reabsorbed by the lymphatics.

It will be well to remember that this operation is coming to be largely used as a remedial measure with violent masturbators and those suffering seminal losses and from excessive sexual perversions, to stop the drain of the vital fluid.

While only the microscope or close chemical analysis will show the change in the semen subsequently ejected, the vital fluid is retained by the patient, and a wonderful change ensues. In no case so far has there been found a closure of this open end of the vas, nor has there been any reported case of even temporary congestion or engorgement of any of the parts following the operation.

After the severed vas is dropped back into the scrotum, the wound is closed with a few drops of collodion. The operation in the hands of a deft operator usually requires about three minutes after the patient is prepared for the operation, and the patient walks from the chair without pain or inconvenience.

Of records of more than twelve hundred cases reported to me, there has not been a single untoward complication; not one has lost either desire or ability for the sexual act, and the general health and virility have been improved.

Dr. Carrington of the Virginia penitentiary, though he has no law to use it as a regulative measure, has made large use of vasectomy with that class of ignorant, vicious negroes who become morbid and malevolent through excessive masturbation, following solitary confinement, and with almost unbelievably good results.

It is well to remember that this operation is not punitive but preventive; it is not the individual subject of the operation who is the object in view, but the procreation of future descendants burdened with a heredity of crime and degeneracy and insanity to burden themselves and the community. It is well to remember that insanity has increased 183 per cent, as compared with the population's 100 per cent in the past two decades.

The proprietor of a private syphilitic hospital wrote me for the technique of the operation, that he might operate by consent on his cured patients, that they might not transmit the hidden taint to progeny, and this is surely for the common weal, when we remember that recent investigations show that 93 per cent of those admitted to insane asylums gave positive reactions to the Wassermann tests, though in many of these cases the virus was most certainly of hereditary taint.

The last state to join in the enforcement of this great boon to humanity—the sterilization of the 'unfit'—is Iowa, whose law went into effect in July, 1911. This law is by long odds the best yet placed on the statute books."

HEREDITARY CRIMINALITY AND THE ASEXUALIZATION OF CRIMINALS.*

CLARK BELL, LL.D.,

Honorary Member of the Medico-Legal Society of France, London, Belgium, Etc.

Judge Warren W. Foster, Senior Judge of the Court of General Sessions of the Peace of the County of New York, has contributed to the November number of Pearson's Magazine an article under the title of "Hereditary Criminality and Its Certain Cure," a very strong and forcible paper, presenting very lucidly and strongly the question of hereditary criminality and proposing a certain cure for it, along lines that must arrest the attention of the penologists of the world. I regret that the space at my command does not permit me to copy the whole of this very able paper. Judge Foster has given great attention to the subject, and his position upon the Criminal Bench is one that gives him peculiar facilities for the study of crime, and criminality in the abstract face to face. He, of course, discusses the question of environment in its relation to crime, as against the law of Heredity, and he gives us both sides, quoting liberally from Havelock Ellis, the gifted author of "The Criminal," and as well from "Lombroso," the great Genius of criminality, and his work "L'Uomo Delinquente." He quotes "Lacassagne" in his famous saying "There are no crimes, only criminals," and says "that this indicates the line along which criminal law and lore develop if we are to improve mankind," asserting, also, that "the level of criminality is rising, and has been rising during the whole of the present century throughout the civilized world." On the subject of heredity in crime he says: "To a large extent the child is molded before he is born. There is no invariable fatalism, in the influences that work before birth, but

it does make a great difference whether a man is well born and starts happily or whether he is handicapped at the outset of the race of life—in a word, whether he is born free from vices of nature or whether the contrary is the fact."

He quotes Dr. Christian, of the Elmira Reformatory, and the late Dr. H. E. Allison, late superintendent of the Matteawan State Hospital for the Criminal Insane; Morrison of England, regarding the inmates of the English Industrial Schools, and on the side of heredity Professor Poellmann, of the University of Bonn. In respect to the case of confirmed drunkards, he cites Lydston as follows:

The tenets of modern criminology, according to Lydston, in brief, are these:

1. The criminal and vice classes are the product of certain influences of heredity, congenital and acquired disease, and unfavorable surroundings involving pernicious teaching and example, physical necessities, and other social maladies.

2. These influences result in a class of persons of a low grade of development, physically and mentally; with a defective understanding of their true relations to the social system in which they live. Such persons have no true conception of that variable thing called morality, and, in the case of the criminal, no respect whatever for the rights of others, save in so far as it may be compelled by fear of punishment. Some become criminals, some paupers, and still others prostitutes, inebriates, or insane.

3. These subjects are characterized, upon the average, by certain anomalies of development that constitute the so-called stigmata, or marks of degeneracy. In them vice, crime, and disease go hand in hand.

And makes a very interesting chapter

*Read before the Medico-Legal Society of New York and reprinted from the Medico-Legal Journal.

of the progress of penology, and then insisting that it has been shown that heredity is the most important factor as a cause of crime, asserts that society should protect itself by preventing the further breeding of criminals and presents this question, "How may society accomplish this?" He offers what he calls "the solution," and in his title the "Certain Cure," I quote from his paper:

The Solution.

Four methods have been commonly suggested: Emasculation, a rigid regulation of marriage which shall prohibit the criminal from mating, segregation or colonization of the criminal, and lastly vasectomy. The first method works such an entire psychical and physical change in the individual that its contemplation naturally shocks the mind, and public opinion, in all probability, will never approve its legal adoption. Of the second method, it may be said that unfortunately marriage is not necessary to propagation. It may be possible, by legislation, to diminish marriage, but doubtless the effect would be to increase the number of illegitimates, thus augmenting instead of diminishing the "mischief." The segregation or "colonization" of the criminal, thus making impossible the commingling of the sexes, is approved chiefly by those who have apparently never known of vasectomy. As a matter of fact, it has been tried by the law for a time to which the memory of man runneth not to the contrary—for what else is it than imprisonment within four walls, and has this not already proved its inefficiency?

Coming then to vasectomy, a subject in which an increasing number of State legislatures is becoming interested, the physician furnishes a method of sterilizing the criminal with no impairment of the sexual function merely the blocking of the minute canal (the vas) traversed by the fecundating element of the male, thus wholly preventing impregnation. As proof of their contention that this simple process impairs neither sexual virility nor its instinctive manifestations and accomplishment, the medical profession points to the robust sexual health of thousands of men who have been unwittingly sterilized through disease, and who

never suspected that their procreative functions were not perfectly normal until their marriage proved barren. They also point to the experience of those upon whom vasectomy has been performed, among them married men who choose this means, rather than criminal abortion, to prevent the transmission to offspring of their hereditary taints, such as insanity and infectious disease.

Vasectomy is known to the medical profession as "an office operation" painlessly performed in a few minutes, under an anæsthetic (cocaine), through a skin cut half an inch long, and entailing no wound infection, no confinement to bed. "It is less serious than the extraction of a tooth," to quote from Dr. William D. Belfield, of Chicago, one of the pioneers in the movement for the sterilization of criminals by vasectomy, an opinion that finds ample corroboration among practitioners.

Nor is this method entirely academic. It has been tried. It is in actual operation in at least one State. In March, 1907, the Indiana Legislature passed a bill thus authorizing sterilization, which he quotes in full.

Upward of 800 persons in the State of Indiana have thus been asexualized, and, according to competent medical testimony, with entire success.

Bills substantially similar have passed the legislatures of Oregon and Connecticut, and have been introduced in Illinois, but, for one cause or another, have not become laws. Upon the law proposed for Connecticut, one of the New York journals makes this pointed comment. "Could such a law be enforced in the whole United States, less than four generations would eliminate nine-tenths of the crime, insanity and sickness of the present generation in our land. Asylums, prisons and hospitals would decrease, and the problems of the unemployed, the indigent old, and the hopelessly degenerate would cease to trouble civilization. In the breeding of horses and cattle, the survival of the fittest, only, is made possible; and the human race should be protected in the same manner from the perpetuation of undesirable and dangerous tendencies and qualities. It to be hoped that this law will pass, and be enforced in Connecticut; and that it will become universal."

There appears to be a wonderful unanimity of favoring opinion as to the advisability of the sterilization of criminals and the prevention of their further propagation. The Journal of the American Medical Association recommends it, as does the Chicago Physicians Club, the Southern District Medical Society, and the Chicago Society of Social Hygiene. The Chicago Evening Post, speaking of the Indiana law, says that it is one of the most important reforms before the people, that "rarely has a big thing come with so little fanfare of trumpets." The Chicago Tribune says that "the sterilization of defectives and habitual criminals is a measure of social economy."

The sterilization of convicts by vasectomy was actually performed for the first time in this country, so far as is known, in October, 1899, by Dr. H. C. Sharp, of Indianapolis, then physician to the Indiana State Reformatory at Jeffersonville, though the value of the operation for healing purposes had been long known. He continued to perform this operation with the consent of the convict (not by legislative authority) for some years. Influential physicians heard of his work, and were so favorably impressed with it that they endorsed the movement, which resulted in the passage of the law now upon the Indiana statute books. Dr. Sharp has this to say of this method of relief to society: "Vasectomy consists of ligating and resecting a small portion of the vas deferens. This operation is indeed very simple and easy to perform; I do it without administering an anaesthetic, either general or local. It requires about three minutes' time to perform the operation and the subject returns to his work immediately, suffers no inconvenience, and is in no way impaired for his pursuit of life, liberty, and happiness, but is effectively sterilized. I have been doing this operation for nine full years. I have two hundred and thirty-six cases that have afforded splendid opportunity for post-operative observation and I have never seen any unfavorable symptom. There is no atrophy of the parts, no cystic degeneration, no disturbed mental or nervous condition following, but, on the contrary, the patient becomes of a more sunny disposition, brighter of intellect, and advises his fellows to submit to the operation for their own good. And here is where this method of preventing procreation is so in-

finitely superior to all others proposed—that it is endorsed by the subjected person. All the other methods proposed place restrictions and, therefore, punishment upon the subject; this method absolutely does not. There is no expense to the State, no sorrow or shame to the friends of the individual, as there is bound to be in the carrying out of the segregation idea."*

Dr. Rentoul of Liverpool, has given much thought to this subject, and, more than others, has contributed to literature on the question, and he advocates the authorization of sterilization by law.

Sir John McDougall, Chairman of the Asylum Committee of the London County Council, has said: "Some day we shall come to the conclusion that some physical means should be employed to prevent the unit from producing children."

Earl Russell, of London, is quoted as saying: "I think it admits of little doubt that if the ruling classes in the country, in Parliament, and in the law were composed entirely of people of adequate medical knowledge, some such remedy as this suggested would soon become a law of the land."

Dr. Bernardo, whose work on behalf of the children of the submerged tenth in London has given him world-wide fame, left on record these words: "Some step will have to be taken in the near future if we are to protect the nation at large from a large addition of the most enfeebled, vicious, and degenerate type."

Dr. Bevan Lewis, of England, says: "Nothing short of such radical means can stem the tide of degeneracy."

Dr. Barr, in his work "Mental Defectives," says: "Let asexualization be once legalized, not as a penalty for crime, but as a remedial

"It has even been doubted whether vasectomy would be deemed a punishment by some criminals, inasmuch as the sexual and gratification are unimpaired. Lydston says that family affection and domestic attachment are foreign to the majority of criminals, and the frequency with which abandonment cases are brought before our courts of criminal jurisdiction tends to prove this.

We have all heard the story of the father of ten who said that he would not take a million dollars for any of his ten, but would not give two dollars for another! And of the Russian "Skoptzi" who, because of their peculiar beliefs, voluntarily submit to castration.

measure preventing crime and tending to future comfort and happiness of the defective; let the practice once become common for young children immediately upon being adjudged defective by competent authority properly appointed, and the public mind will accept it as an effective means of race preservation. It would come to be regarded, just as quarantine, simple protection against ill."

Lydston, in his "Diseases of Society and Degeneracy," from which I have already quoted, recommends it, and like citations without number can be multiplied. Says the President of the Prison Association of New York: "The terrors of punishment probably do not exert any very deterrent influence on hardened offenders. But I conceive that this proposed punishment would have a stronger deterrent and restraining power than any punishment now provided by our penal codes. This, indeed, constitutes to my mind a most cogent argument in support of the measure."

Opponents of such sterilization may urge, on constitutional grounds, that it is "a cruel and unusual punishment," to which its advocates reply that the objection that it is unusual applies to every possible change that may be proposed in the treatment of criminals, that everything that is new is unusual, electrocution itself being an unusual punishment when it was first applied; that to be obnoxious to the Constitution, it must be both cruel and unusual. To them, therefore, the objection that sterilization is unusual is of no weight. The claim that it is cruel may, they admit, deserve consideration, although they produce a mass of testimony of physicians "skilled in the art" which certainly seems to annihilate this objection. The real objection, if there be any, they insist, is based on sentiment wholly, not on reason; yet sentiment has to be reckoned with as well as logic in dealing with affairs. Of course, no criminal law or penal measure ought to be adopted unless it is approved and supported by prevailing public opinion, otherwise it would prove ineffective. We have too much "dead timber" on our statute books already!

Will public opinion justify the use of this remedy in the case of desperate and incorrigible criminals? It is difficult to ascertain the state of public opinion upon such a question. For some inscrutable reason the

question is deemed a delicate one for public discussion, though the details of salacious divorce cases occupy full columns! The State of New York does prohibit the association of the sexes during their limited period of imprisonment and segregation, and even characterizes any sexual relations with a female prisoner as rape in the first degree, punishable by a further imprisonment not exceeding twenty years. Thus, in a measure, the State does forbid to those convicted of crime the right to propagate their kind. Shall this prohibition be made more permanent and effective? What lawyers call "an unbroken line of authorities" says that it should be. While scientists have studied this subject, fraught as it is with appalling public importance, popular ignorance touching it is amazing. It certainly deserves the most careful consideration of all who are interested in the diminution of crime and the uplifting and betterment of the human race.

The Medico-Legal Society of London recently held a discussion on the questions involved in Dr. Warren W. Foster's paper, which is published in the transactions of that society under the heading of "The Proposed Sterilization of Certain Degenerates," introduced and read by Dr. Robert Reid Rentoul, a distinguished member of that body, which is so close to the subject which Judge Foster has introduced that I quote in part from the discussion which occurred there, because it is full of interest to the careful study of this subject, and with a view of opening the further discussion of it to be continued before the Medico-Legal Society of New York:

The Proposed Sterilization of Certain Degenerates.

Dr. Robert Reid Rentoul opened this discussion by considering definitions of degenerates, deteriorates, mental and physical degeneration. Every child has a right to be born healthy; disease should not be allowed to beget disease. Marriage is regarded too much as a mere social function—a fetish worship for the protection of property; it should be for the procreation of children. The law troubles itself less

about the mere ceremony of marriage, than its products. Stock-breeders are more careful in breeding animals. The law should make marriage more difficult; it should tackle causes and so prevent evil effects. In Delaware (1893), Minnesota (1904), New Jersey (1904), Ohio (1905), Michigan, North Dakota and Argentina, progress has been made in this direction, and certain degenerates could not be joined in marriage. A pre-nuptial certificate of good health and sterilization of certain degenerates should precede matrimony. In ancient and modern Hebrew history child-creation was a prime consideration, and even with us births precede marriages in the newspapers. In many cases the unfit are compelled to marry, and the fit are prohibited from marrying—"the hand that wrecks the cradle rules the world!" Military, naval, social, commercial and theological prejudices lead to quasi-celibacy, so that those whose callings prove them to be mentally and physically fit, must remain unmarried; thus paragraph 721 of the King's regulations reads: "To qualify for admission to the married roll, all men under the rank of sergeant must have £5 in the Army or Post-Office savings bank, seven years' service, and two good-conduct badges."

Juvenile marriages should be disallowed. At present a girl of twelve and a boy of fourteen may intermarry; Oliver Cromwell raised the ages to fourteen and sixteen years respectively. Women and children should be protected from factory life. Unnecessary diseases, sexual ignorance, abortion, and artificial checks to fecundity should be dealt with. The immigration of alien lunatics, criminals and prostitutes should be checked, and other methods might be adopted which would narrow the field of desirable sterilization. There is always a tendency for official returns to underestimate the number of actual deteriorates; he himself put the proportion of the mentally unfit at one in fifty and the physically unfit, either temporary or permanent, at one in five of the population. The enormous expense of incarcerating these classes precluded that method of treatment; they already cost the nation £45,000,000 per annum; this sum was in addition to the expense of the acute illness of normal people. Lunacy and kindred degeneration are not curable by the methods at present adopted; the so-called

"recovered" insane are really little more than "not dangerous."

Degenerates who desire to marry, should be sterilized after a written direction by the Commissioner of Lunacy. The necessary operation was continually and legitimately performed now to protect the health of the man or woman concerned. It should be voluntary, in the case of the sane—here vasectomy would suffice; with the insane it should be compulsory—spermectomy. The sterilizing effects of X-rays were considered. A heavy punishment should be inflicted if notice of previous sterilization was withheld from the other party to the marriage. Dr. Rentoul exhibited an elaborate series of diagrams and tables in support of his thesis.

Sir William Collins commended the outspoken deliverance upon a subject which many consider unsavory, perilous and risqué. He deprecated loose talk upon a practical subject. How could we expect precise legislation if terms were undefined and propositions were unproved? Weissman had revolutionized our views on these matters, but these views were still evolving, e. g., Watson's recent experiment with immunized guinea-pigs suggested that the immune mother might transmit immunity to the progeny, which the immune father did not. The present prevalence of pessimism was to be regretted, for optimism was possible. The public was ready to follow when science indicated the way. The recent report of the Inter-departmental Committee appointed to inquire into the alleged physical deterioration of the British race affirmed that there was no evidence of a general progressive increase in degeneracy. Dr. Cunningham had insisted, for example, on the principle of the tendency of reversion to the mean—"the inherited mean." Certain maladies formerly believed to be hereditary, were now recognized as being largely the result of evil environments.

Mr. Troutbeck suggested as a definition of degeneration: "The power of transmitting an incurable mental or physical disease to the offspring."

Dr. T. B. Hyslop said his daily work was to meet "degenerates." All over the world their numbers are increasing, notwithstanding the fact that the minor fallacies of exaggerating statisticians are being corrected continually. In the West, with

higher "civilization" and constant greater instability, a higher proportion of degeneracy obtains. The cause of this condition is the problem that has to be faced.

Sir John McDougall, L.C.C., as a layman with asylum experience, agreed that something must be done. The irregular, not the strenuous life, led to lunacy; the Strand (a noted rendezvous for prostitutes) rather than the East End filled the asylums. The "recovery rate" of lunatics was not the work of the Lunacy Commissioners, but of two members of the visiting committee and the Medical Officer, or even of three lay committeemen. Personally he felt he was often doing wrong in discharging those who morally ought to be kept in the asylum; again and again do such patients return. Fifty births annually occur in the asylum under the London County Council. Some physical means should be adopted to prevent "degenerates" from propagating their like. At Broadmoor Criminal Asylum women convicted of infanticide were detained until the menopause had occurred.

Dr. J. F. Smith had, before the recent Oxford meeting of the British Medical Association, sought for a method of dealing with mental "degenerates" which would be administratively practical. Characteristic punishments would follow the offenses against the person. Until the public conscience was aroused he would restrict the principle of sterilization to the ever-at-hand homicide culprits. These today, when the plea of lunacy was established, were judged irresponsible, and were not put to death. Here was a place wherein the thin end of the wedge might be driven; public opinion would gradually apply the methods to less serious offenses. The public were ignorant of the inhabitants of Broadmoor, and of the scenes at ending a capital execution, otherwise they would resent the continuance of such existing facts. He would keep the

innovations as private as possible, but controlled, of course, by strict legal regulations.

Mr. Arnold White had recommended the sterilization of the unfit nearly two decades ago. After visiting all countries he had given 1925 as the final year of Britain's sovereignty, unless something practical was done to reduce the number of inefficient.

Mr. Bernard Shaw, while admiring the character which inspired the recitation of such a paper, regretted that the author had not a scientific but only a medical education. With the former at his back the would have been a force. The meeting did not know what was meant by "degeneration." If we abolished the diseased we should lose a number of very interesting people. Might not an epileptic fit be a misapplied form of useful energy? Many backward people were criminal only on account of our deplorable social conditions; were these altered, many now occupying high social places would be snuffed out. Insanity is a relative term.

Earl Russell thought Dr. Rentoul had necessarily overstated a good case, both by figures and by his definitions. Society interferes with the ordinary course of Nature by whom most degenerates would have been killed. Judge Rentoul was puzzled to know what was a "degenerate." He had that very day, as six criminals came before him for trial, asked himself: Are these "regenerates?" He was sympathetic towards the proposal.

Dr. Howell Evans had observed 10,000 invalid London children and among them he recognized two classes of "fools". (a) Those degenerate from an accident received either during parturition or during the previous trimester of intra-uterine life; and (b) those explained by heredity. Antenatal pathology deserves deeper study than at present it receives.

For full discussion see Transactions of the Medico-Legal Society of London, vol. 2, page 21.

A HISTORY OF SYPHILIS.

C. S. SCOFIELD, A.M., M.D.,
Richford, Vt.

Mr. President and Gentlemen:

If I had known, when asked by our secretary to write a history of this disease "Syphilis" how much trouble it

would cost me, I fear I should have declined his request, for in looking the subject up, I was surprised to find how little is said in our text-books regarding

it. Many books on venereal diseases contain nothing at all, and only a few gave any history of syphilis whatever. Osler in his article on syphilis gives a short history of the disease, also Bumstead and a few others but they have only a few lines to a few pages at most to say in regard to it; even the Encyclopedias, the American Hand-Book of Sciences and many other books which treat of venereal diseases, have very little regarding the history of syphilis.

Hence when I first began the work by looking through my own library and after requesting aid from some of my medical brethren without avail, I felt discouraged about obtaining anything which would be of profit and interest to the members of this society.

The next thing that surprised me fully as much as the scarcity of history of this disease in our text-books, was to find that many writers, especially those of more recent date, claim that syphilis originated in **this country**, and that the sailors who were with Columbus when he discovered America, contracted the disease of the natives here and conveyed it to the old country where it broke out in a sort of an epidemic in 1494—two years after the discovery of America. Hence, the name "American Disease" given to it at that time. Did it originate in America? is a question which should interest all Americans. Personally I have never looked up its history until the present time, but have always had the idea that syphilis was pre-eminently a disease of the Old World, and had spread from there to the early inhabitants here. The Indian I supposed was entirely free from syphilis until he became contaminated through the white man. I have been told by those whom I believe knew what they were talking about, that the Red Men were free from this disease until they began to mingle with the whites, and that the disease caused greater ravages among them than among the

whites because unable to procure the proper medical treatment.

In looking this matter up I find that evidences of supposed syphilis appeared at a very early date, even in the bones of prehistoric man. To Professor Parrot of the Faculty of Medicine of Paris, more than any one else, we are probably indebted for knowledge of pre-historic syphilis; according to him, excavations made in 1867 at Solutre in Saone et Loire show bones of the reindeer, of horses, cut flints, etc., belonging to the Gallo-Roman period, and in 1872 the Abbe Dicrost found a skeleton both tibias of which showed exostosis, said by Broca, Allier, Parrot and Virchow to be due to syphilis, and that the skeleton could be referred to the Stone Age.

In 1880 the Anthropological Museum of Paris received a specimen which proved to be pre-historic syphilis—a fragment of a skull belonging to a race which had disappeared before the 15th Century. At a meeting of the Anthropological Society held November 18, 1880, M. de Mortillot presented a skull and jaw bone from the cemetery of Breny which is characteristic of the Frank race; the teeth in this jaw were crossed by horizontal furrows which M. Parrot believed due to **infantile syphilis**. M. Parrot in an article published in the **Review Scientifique**, says that Prof. Pollet of the Faculty of Medicine of Lyons, thinks this disease very ancient, that China as proven by Commander Dubry, has known it from time immemorial—that the **Yaws** of Africa, is identical with Syphilis, and says in his article, "I am convinced that syphilis manifested itself long before the discovery of America in different parts of France. Professor Parrot says the jaws of the young Frank which contained fourteen teeth, (8 affected by syphilis), shows that the disease was in France before the **7th Century**; these times are still in the domain of history, but pieces of skulls and

teeth taken from the dolmens and caverns of Lozere and which show undoubted lesions of syphilis—prove to us says Parrot, “that the disease existed in pre-historic times.”

SYPHILIS AMONG THE CHINESE.

In 1863 Capt. Dubry, Consul at Hong-Keon, published a very complete work on China from a medical point of view. He was thoroughly acquainted with the Chinese language, and translated the secular manuscript which escaped being burned by Emperor Tsin-che-ho-nang. These manuscripts treat of nothing but medicine. From the researches of the captain we learn that the most ancient emperor of China was Chin-nong, who lived 3216 years before Christ; 1000 years later appears the name of Hoang-ty, Emperor of China, who 2637 B. C. caused all documents on medicine to be collected and reduced to writing, making the **Hong-ty Mi-King** the medical treatise of Hong-ty, a wonderful book, showing from time immemorial that they had been using carbonate of soda, sulphate of iron and sulphur with which they had cured the itch, and mercury to expel the syphilitic virus from the blood and which they used many centuries before America was discovered. Over 45 centuries ago according to Hoang-ty's work, the Chinese knew more about venereal diseases than was known at the time Astruc wrote in 1742 who stated that from the Pope at Rome to the lowest scullion all were affected with syphilis and according to Hong-ty the Chinese were using gunpowder when Europeans were using cross-bows. Hong-ty first describes gonorrhea, the soft chancre and bubo following, and vegetations on the generative organs, **probably venereal warts**; then of chancre which spreads through the blood, and advises treatment by friction of mercury mixed with oil. Hong-ty also speaks of “coppery red spots, headaches and pains only felt at night, of its affecting the throat, etc.”

This work of Hong-ty's shows that syphilis was among the Chinese years before Christ.

SYPHILIS IN JAPAN.

Syphilis in Japan was especially observed about the beginning of the 19th Century. It has been only a few years practically since Japan was a barbarous nation; the strides she has taken towards becoming one of the leading nations of the world is something marvelous. There is a Japanese manuscript dating 808 A. D. whose title in English means “A Collection of Formulae Arranged in Classes, of the Period of Dai-Do.” At that time the Emperor of Japan, Haizian-Tanno, seeing his country invaded more and more by Chinese science, decided to follow the example of Hoang-ty of China and collect all books concerning medicine in Japan. This work he gave to his two physicians. It was lost and not until 1887 was it found, by a shopkeeper in the Province of Bungo, Island of Kinshen—a well preserved manuscript in a pagoda of that country which he returned to the proper authorities. Dr. Kayama, a physician of Kioto, Japan, who had studied in Leipzig, studied this document with care and found certain parts treated venereal diseases especially syphilis. He translated them into German and sent them to his old professor, Dr. Schen.

There was syphilis among the Pharaohs of the ancient Egyptians. Dr. Buret in writing of this says, “up to the present time but two papyri have been found relating to medicine—one the medical papyrus found in the Berlin Museum, the other the Eber's papyrus brought from Luxor by Prof. Eber, who published it in 1875. The medical papyrus was commenced by King Throth and after his death continued by King Sucet; it dates back to the reign of Rameses II, making it about three thousand years old, and speaks of inflamed vagi-

na, fissures of the vagina and vegetations—not very definite, but a study of the people, their way of living, etc., leads one to suppose—says Dr. Buret, “that they had syphilis.”

The works of Hippocrates written about the middle of the 5th Century B. C., speaks of ulceration of the mouth, rotting of the genitals, swelling in groins, pustular and vesicular eruptions and other sores. Galen, born at Pergamos A. D. 131, wrote an Encyclopediam in which is mentioned Callosities, boils, vegetations, tubercles of mucous membranes, osteocephalic pains (syphilitic pains) and many other things which point to syphilis in those days. The Bible contains allusions referring to venereal disease and especially syphilis; according to modern writers, gonorrhea is perfectly described for it says: “He who hath relations with prostitutes will become unclean for everything.”

In Leviticus it states if an ulcer has arisen in the skin or within the flesh and it has healed and there appears at the place where it existed a scar, white or somewhat reddish (syphilis) it is probably due to syphilis.

Among the Hebrews it was called “plague of Baal Peor” which signifies among the Hebrews “The God Penis.” The Hebrews worshipped the gods of the daughters of the Moabites and devoted themselves to the worship of Baal Peor, and Moses caused all of the 24,000 men to be killed by steel, no contracted. “So the plague was stayed.” (Num. 25). Josephus, speaking of the epidemic, says it was highly contagious and transmitted to members of the same family. Abraham and Sarah his wife went down to Egypt on account of the famine in their land. Sarah was very beautiful to look upon, so Abraham passed her off as his sister to save his own life. Pharaoh took Sarah the supposed sister of Abraham to himself and the Lord visited upon him a great plague (probably syphilis). Abi-

melech did the same as Pharaoh and caught the disease. King David was said to be afflicted by it, and he cried to the Lord saying “My bones are diseased, there is nothing sound in my flesh,” etc.

Syphilis is mentioned in the early literature of Mexico and Peru. It was recognized 300 years before Pizarro conquered the Capital of the Incas.

From this small amount of proof of the early existence of syphilis which I have singled out from the very large amount I might have given you, but for the desire not to weary you, and to save time, one can but believe that syphilis prevailed the world over long before Columbus and his discoveries were ever thought of. The names given to this disease have been many, and usually the name of the country, people or saints from which it was supposed to have come, was given it—as “The French diseases,” “Morbus Gallicus,” “Saint Maerie,” “Saint Fiacrii,” etc. The name syphilis was derived from a poem written by Fracastorius in 1530, a shepherd named Syphilis had blasphemed the gods for supposed injury to his flocks and this disease was sent upon him as a punishment. As to the cause of syphilis Laszar in the year 1905 in speaking in regard to this said there were one hundred and twenty-five established causes given in the past twenty-five years, (which I will not take your time to mention) except the discovery of the Spirochete Pallida in 1905. On May 17, 1905, at a meeting held at the Berlin Medical Society, a paper was presented by Schandinn and Hoffman, both Germans, on the discovery of the Spirochete Pallida with microscopic specimens of the same which is probably the specific germ of syphilis. An eminent French writer, Phillip Ricord, was probably the first to divide syphilis into its three stages, namely, primary, secondary and tertiary, and later by others a fourth or parasymphilitic

stage; and I believe this same writer was the first to discover that gonorrhea, chancroid, and chancre were three different and distinct diseases. Previously the symptoms manifested by these diseases were supposed to be due to one and the same disease, syphilis. Today there is probably no country on the face of the globe entirely exempt from this disease, and the largest centers of population, and those which have the greatest trade relations with the outside world, greatly exceed numerically in persons afflicted with this disease the smaller centers of population and trade. Those centers exercising the least care in regard to prophylaxis and treatment suffer the worst. I will simply notice in passing that every organ and tissue of the body has been attacked by this disease and the pathological appearances and symptoms have been described by different authors.

In regard to the early history of the treatment of syphilis, I will say as I have already stated that the Chinese were the first so far as known to use mercury; Dr. Buret says the Pagans used prayers and hygiene; the Romans used iron and caustics; in the Middle Ages—the ages of superstition—fasting, prayers and unnatural debauches were employed (I suppose with the idea that “like cures like”).

At the beginning of the epidemic of Naples which occurred in 1494 most of the victims died for want of care; in 1533 the first mercurial pill was used,

but it was abandoned because of stomatitis following, for sordid woods, but came into use again in 1560, when it was used in the form of ointments, lotions and inunctions. In 1743 Van Swinton used corrosive sublimate in a solution which remains classic. In the 19th Century Dupuytren extols bichloride of mercury in form of 1-8 gr. pills, and Ricord and Breth the protoiodide pill. In 1836, Wallace, of Dublin brought K. I. into use, and since then mercury and potassium iodide have been the so-called specific treatment for syphilis. A host of other drugs have been used. Mercury subcutaneously was first introduced by Hebra and Hunter but it was not until after the appearance of a paper on this subject by Lewin in 1867 that its use in this way became quite extensive.

In closing I wish to thank you for your courtesy in listening so patiently to what I have had to say in regard to this subject and I wish also to acknowledge my appreciation of the assistance given me in preparing this short paper, by those in charge of the Congressional Library at Washington, those in charge of the Medical Library in Boston, Parke, Davis & Co., Dr. Davidson of this city and for the several journals received which have been a help to me.

Read before the Franklin County Medical Society, St. Albans, Vt., May 25, 1911, and reprinted from the Vermont Medical Monthly.

DEPARTMENT OF EUGENICS

“The human babies born each year constitute the world's most valuable crop.

“It is a reproach to our intelligence, that we as a people, proud in other respects of our control of nature, should have to support about half a million insane, feeble-minded, epileptic, blind and deaf; 80,000 prisoners and 100,000 paupers at a cost of over 100 million dollars per year. A new plague that rendered four per cent of our population, chiefly at the most productive

age, not merely incompetent, but a burden, costing 100 million dollars yearly to support, would instantly attract universal attention. But we have become so used to crime, disease and degeneracy that we take them as necessary evils. That they were so in the world's ignorance is granted; that they must remain so is denied.’—CHARLES B. DAVENPORT, of the Carnegie Institution of Washington—HEREDITY IN RELATION TO EUGENICS.

EUGENICS IN ENGLAND.

Certificate of Health Before Marriage Movement is Growing.

A medical license to marry was proposed by Dr. A. F. Tredgold, consulting physician of the National Association for the Feeble-Minded at a meeting of the Eugenics Education Society. He said the license should be granted only after a medical examination and an inquiry into his, or her, family history. This would necessitate the notification of particulars of the birth, mental and physical condition, presence of disease, age, and cause of death, etc., of every individual to a national record office. The notification would be compiled into a personal history sheet, and the relationship of different individuals would be readily traced by a system of cross-references.

PROTECTION TO POSTERITY.

By Dr. G. Henri Bogart, Paris, III.

The crusade in England by Sir James Crichton-Browne for a law providing a board of physicians whose duty it shall be to examine all applicants for marriage licenses and rule out all who are found physically or morally unfit for the relation, has long had many earnest advocates.

That there is something materially and radically wrong in the prevailing system of loose marriages is proved beyond dispute by the records of the divorce courts. It is not necessary to go beyond these into a contemplation of the unnumbered other couples who are not divorced, but ought to be.

But the divorce phase, shocking as it is, is not by any means the most deplorable result of unfortunate marriages. We see a more pitiable result on every hand in children born into the lifelong misery of inherited disease, abject poverty and base depravity.

These unfortunates, spawned upon the world by millions annually, are for the most part as helpless to improve their lot as they were to select it.

The penitentiaries, the almshouses, the places of infamous resort and the hospitals for the insane and the incurable are filled very, very largely through the faults of the last generation.

It is idle for us to talk of the rights of

man when we take no thought of the rights of the unborn.

There can be no real equality of rights in life so long as inequalities of opportunity are permitted to be inborn and the diseased and the depraved are allowed to transmit their diseases and their vices to unlimited offspring.

We insist stoutly enough upon our own rights and securely hedge them in by law. Would it not be wise and well to make some reasonable provision for the conservation of the rights of every child to be born free from hereditary disease and hereditary depravity and sloth?

Of course, it is a problem that the world's wisest have struggled with for ages, without producing any very appreciable effect.

When the passions and the lust of the many are involved reform is slow.

It is like the assault of the waves upon the crimes of the sins of a few.

It is like the assault of the waves upon the sands of the seashore that advance, only to swiftly recede before an insurmountable resistance.

That such a law as that suggested would develop many grave difficulties, rendering it largely impracticable is perhaps unquestionable.

But law is a great molder of public opinion and morals. And if an occasional assertion of such a law as that proposed should accomplish no more than the compelling of people to contemplate for the moment the manifold and awful miseries that arise from the evil, much good would be done.

BOOKS.

RACE REGENERATION.

The Declining Birth-Rate: Its National and International Significance. By Arthur Newsholme, M.D., F. R. C. P. Cloth, 50 cents net. Moffat, Yard & Company, New York.

This is a little book in the "New Tracts for the Times" series. It reviews the rates of natural increase of population; measures factors in decline of birth-rate; compares birth-rates in different countries and towns of England, Wales, Scotland, Ireland, and British colonies, and sums up with a chapter, "Some Possibilities of Action." The whole is very well and concisely presented, and forms a valuable tract in the series.

The Problem of Race-Regeneration. By Havelock Ellis. Cloth, 50c net. Moffat, Yard & Company, New York.

This work succeeds the first named, and is a step further in the same direction. The general introduction by the Rev. James Marchant of the National Council of Public Morals, dwells upon the matter of the regeneration of the race, and urges the advancement of knowledge and effective means to that end. Four propositions are involved in this work; first, the importance of the environment; second, a discussion of the problems involved; third, the next step in social reform; and fourth, the questions of eugenics, in which the hope of betterment is plainly set forth by establishing the desirability of breeding out, as far as possible the feeble-minded, for education and training will not enable them to produce any fitter offspring.

The Method of Race Regeneration. By C. W. Saleeby, M. D., F. R. S. E., Author of "Parenthood and Race Culture" and "An Outline of Eugenics." Cloth, 50c net. Moffat, Yard & Company, Publishers, New York.

This book treats of eugenics or good breeding, as advocated by Galton, for the production of "Civic Worth." Five topics are discussed: Nurtural or Secondary Methods, Natural Methods, Positive or Galtonian Methods, Negative Methods, and Preventive Methods.

Among the positive methods mentioned is that better and more strict attention be paid to the pedigrees of those who are about to marry. It urges that the marriage license should not only be a permit to marry, but that it and the certificate should embrace practically a pedigree of the individual, including the essentials of his or her family history, together with a statement chiefly medical, of the individual. This would be held to be as valuable as a pedigree, and would be, as one might say, a marital clearing house certificate, showing not only eligibility, but desirability in the holder for the propagation of the race. Other methods are also presented, and altogether in these tracts the question is pretty thoroughly, honestly, and earnestly threshed out. Undoubtedly the human race will be materially benefited by discussions like this, and in so far as it is possible to put the suggestions into practice, there should be no hesitation either in inculcating or enforcing the essentials of betterment.

Heredity in Relation to Eugenics. By Charles Benedict Davenport of the Carnegie Institute, Washington; Director Dept. of Experimental Evolution, Cold Spring Harbor; Secretary of the Eugenics Section, American Breeders' Association. With colored plate and 175 illustrations and diagrams. 8 vo., 398 pp., \$2.00 net. Published by Henry Holt & Co., New York.

Eugenics treats of unborn, inheritable capacities and tendencies. Modern heredity explains how these tendencies get into the children and assists young persons to select consorts so as to have a sound offspring. The book tells what is known of the inheritance of various diseases and other characteristics; it discusses the origin of feeble-mindedness, its vast social consequences, and its elimination; it considers American families, the parts they have played in history, and the proof they furnish of the all-importance of "blood."

No physician or educator should overlook this valuable contribution to our knowledge of the things which make for the well being of our posterity. The inheritance of family traits dealing with such subjects as epilepsy, insanity, narcotism, rheumatism, speech, ear, and eye defects, the skeleton and appendages, appeal especially to physicians, whilst the influence of the individual and study of American families will appeal to the educated of all classes. The Bibliography is most complete and covers some 14 pages. We commend the book to our readers and urge a careful perusal.

Blair's Pocket Therapeutics: A Practitioner's Handbook of Medical Treatment. By Thomas S. Blair, M. D., Neurologist to Harrisburg, Pa., Hospital; author of "A System of Public Hygiene," "Blair's Practitioner's Handbook of Materia Medica," member of the Harrisburg Academy of Medicine, American Medical Association, etc., 373 pages, special Bible paper; bound in limp leather; price, \$2.00. Published by The Medical Council Co., Forty-second and Chestnut streets, Philadelphia, Pa.

The physician very frequently needs, for instant reference, a book which gives the best methods of treatment in any given case. Many books have been offered for this purpose, but they consisted only of collections of miscellaneous prescriptions and formulas, totally unrelated to each other, with no rules or reasons to guide in their use, and almost useless to the physician with any independence of thought or scientific bent of mind.

This book gives a condensed intelligent discussion of the best methods of treatment, based on scientific principles, with a well-tried, reliable formula occasionally to illustrate the application of the principles. The author gives many modes of treatment far in advance of the present text-books. An ingenious method of indicating relative dosage is to print the name of the drug in CAPITAL LETTERS for large doses, in ordinary type for medium doses, and in *italics* for small doses. An exhaustive "Table of Large, Medium and Small Doses" is given in the book.

The diseases treated are divided into related groups, each group occupying a chapter. The Appendix gives very many necessary tables for quick reference and is followed by an exhaustive Table of Doses, closing with a General Index.

In order to get all this within the compass of a book for the pocket, a very thin, tough Bible paper has been used, so that it is really a much larger book than it looks.

This book will be a useful pocket companion to the physician in his daily work.

The Taylor Pocket Case Record. By J. J. Taylor, M.D., 252 pages, tough bond paper; red limp leather: \$1.00. Published by The Medical Council Co., Forty-second and Chestnut streets, Philadelphia, Pa.

The object of this book is to encourage more accurate observation and study of cases by supplying a convenient form for a condensed record of each important case, in pocket size, so that the practitioner can have it always with him, and so arranged that the necessary data can be written down in the briefest possible time-preferably while the examination is actually being made.

Thoroughness of examination is encouraged by means of a Syllabus, detailing all the points that should be considered in each case.

The blank for the first thorough examination diagnosis and treatment is followed by spaces for sixteen subsequent visits. It is needless to emphasize the advantages of a record being kept. It promotes thorough-

ness of examination, satisfaction to the patient and definite results.

The book provides for 120 cases.

MEDICAL NOTES.

U. of U. Medical Department Inspected for Rating.—"I am very favorably impressed with the medical department of your state university, both as to its personnel and equipment."

This was the opinion expressed by Dr. E. Arthur Carr of Lincoln, Nebr., secretary of the State Board of Medical Examiners, after a thorough inspection of the school, in company with Dr. G. F. Harding, secretary of the State Board of Medical Examiners.

Dr. Carr's opinion has great weight, in view of the fact that he is one of the inspecting and rating committee of the American Confederation of Reciprocating and Licensing Medical boards. This body is the national organization of the different state medical boards.

Owing to the great criticism of medical schools of the country it was decided two years ago by the national body to make its own inspections and ratings, that the schools might be brought to a uniform standard, and that the different schools of medical practice might be equally recognized. A committee of seven was appointed to make these inspections and to report the result at the coming meeting of the national organization, the latter part of February this year, at Chicago.

Dr. Carr has the territory west of Chicago to inspect. His inspections are made together with a member of the state board in each state. There is nothing perfunctory about the inspections. Every instrument and tube used are examined and the instructions and courses are studied. While Dr. Carr is under the obligation of secrecy as to what rating he gave the local institution in advance of his formal report, he went so far as to say that he was most favorably impressed. "You have some very capable men in your school," said he.

MISCELLANY

Hygiene of Pregnancy.—Every physician in general practice should send 10 cents to Dr. E. S. Harris, Lock Box 927, Blue Springs, Mo., for a copy of his booklet on the hygiene of pregnancy and care of the infant. They are sold with purchaser's name and address on front cover to be given to mothers and prospective mothers. Do it now.

The Headache of Arterio-Sclerosis.—If one may judge by mortality reports, arterio-sclerosis is becoming more and more prevalent. This is supposed to be an overgrowth of the connective tissue of the arterial coats, chiefly of the intima, which is followed by calcareous depositions. Certainly in its milder forms it is frequently encountered, giving rise to headache, tinnitus, vertigo, syncope, or local palsies. Sometimes these are curiously blended. The writer has had under care for two years an old man, with distinct arterial sclerosis accompanied by persistent headache. For the headache itself a blister applied behind the ears occasionally (we have known of the flying cautery to be applied once a month to give much relief) and three times a day with mea's he has taken, as recommended by Lemaine, also Gerard, a teaspoonful of the following mixture.

Syrup: Acid: Glycerophosp: Comp. (Huxley), ounces viiss.

Syrup of Codeine, ounces iss.

For more than a year he has been perfectly comfortable.

Produces a Really Restful Sleep.—Dr. R. G. Schroth, director of the School of Preparatory Work for the Army and Navy Medical Review Boards and State Board examinations for the General Practitioner, also manager of the Illinois Post-Graduate School for Nurses, reports as follows:

I find the new hypnotic, Sulphonoid (Abbott), a very efficient remedy in many ways.

"In the first place, its use can be long continued, because it appears to have no cumulative or constipating effect, and leaves no unpleasant after-symptoms. It is not constipating; and I found, in several cases, that it actually set up a diaphoresis, a most desirable resultant.

"Sulphonoid gave my patients a quiet, restful sleep from which they awakened in a peaceful condition, both physically and mentally.

"This new hypnotic does not irritate the stomach. I have given it in quite large doses and have never yet seen anything to this effect. It also has some action on the general system as, by giving it internally, I find on examination of the urine that there is an increase of all of the constituents of metabolism such as are found when potassium iodide are given. On this account, I believe that Sulphonoid has not only a favorable influence on the pains of rheumatism, but that it is a very valuable aid in expelling uric acid from the system.

"Its rapid action and its wonderful, non-irritating results make this a most valuable remedy. In fact, I believe that Sulphonoid (Abbott) will stand with H-M-C (Hyoscine-Morphine-Cactin) in the favor of the profession; and, in my opinion, Abbott's H-M-C is one of the most wonderful and valuable discoveries that he world has ever seen."

Physicians desiring to try Sulphonoid may obtain free samples and detailed information by addressing The Abbott Alkaloidal Co., Chicago.

Charts Free.—Battle & Co. have just issued No. 18 of the Dislocation Charts, which completes the set. They will be sent free to physicians on request. Also fracture and tumor charts if desired.

In Convalescence, From Fevers.—In convalescence from febrile disorders Seng imparts a desirable tonicity to the alimentary structures, coaxing back the vital functions that have been sadly exhausted and depressed. Digestion, absorption and assimilation are substantially promoted, and gratifying improvement in the whole body follows as a natural sequence.

The Careless Use of Cathartics.—The evil effects resulting from the indiscriminate use of cathartics and drastic purgatives is only too well known to every practitioner. Drastic cathartics, while producing the effect which the patient thinks is desirable, leave the secretory functions of the liver in an enfeebled and exhausted

Colden's Liquid Beef Tonic

In cases of impaired appetite, gastro-intestinal atony and disorders of digestion due to subnormal secretory activity, Colden's Liquid Beef Tonic

Has Been Found Effective

in arousing the appetite, stimulating the gastric glands, increasing the digestive secretions and the activity, indeed, of all the gustatory organs.

When Anæmia is a complication, Colden's Liquid Beef Tonic with Iron is indicated. Sold by druggists.

Sample with literature
sent to physicians
on request.

THE CHARLES N. CRITTENTON COMPANY, 115 Fulton St., New York

When everything fails in

RHEUMATISM or GOUT

prescribe

COLCHI-SAL

Each capsule of 20 centigrams contains: $\frac{1}{4}$ milligram (1-250 grain) of colchicine, $\frac{1}{8}$ milligram active principle of cannabis indica dissolved in methyl salicylate from betula lenta, with appropriate adjuvants to ensure toleration by the stomach.

Dose: From 8 to 16 capsules daily.



Avoid substitutes for the original "little green capsules," by ordering original bottles of 50 or 100.

E. FOUGERA & CO., New York

Anglo-American Pharmaceutical Co., Ltd.
Croydon, London

Leeming Miles Co., Ltd., Montreal.

L. MIDY, 113 Faub'g St. Honoré, Paris.

Sample and Literature on Application

"in the treatment of muscular cramps, hot applications according to S. Solis Cohen, lessen the excitability and energy of the voluntary muscles and relieve the excruciating pains accompanying these attacks.

In neuralgias as shown by Dr. Bois Raymond, where there is compression of the nerve trunk by the over filling of blood vessels in contiguous areas, hot applications relieve the congestion and pain by diversion of the blood to other parts.

In the use of hot moist heat as a therapeutic agent in the treatment of muscular spasms and neuralgias, antiphlogistine seems to be particularly indicated. It relieves muscular tension, stimulates capillary and arterial circulation, thus removing the congestion and its accompanying pain.

Antiphlogistine is the most convenient, sanitary and satisfactory method of applying hot moist heat. It retains its thermic value for hours, a feature of recognized importance in the treatment of inflammatory and congestive conditions."

condition, so that a return to the constipated state is certain. In such conditions the physician will find Chionia a most valuable assistant, combining it with an occasional cathartic when indicated and gradually diminishing the dose of the cathartic employed. The administration of Chionia should be continued some time after the cathartic or purgative has been discontinued.

Would You Forget the Untoward Effects of Chloral and the Bromides?—This heading must possess much interest for those physicians who have widely employed chloral and the bromides, and who have never quite forgotten the dangerous possibilities attending their use. It is true they possess great therapeutic activity, yet occasionally evils of a greater or less degree have followed their use, particularly if it be long continued. A great many physicians have gotten entirely away from chloral and the bromides, finding in Pasadyne (Daniel's Concentrated Tincture of Passiflora Incarnata), the every good quality of the drugs above named and none of their bad effects. Pasadyne, for this reason, is superior to these drugs and may profitably be employed in their stead. No habit will follow its use. It is free from the toxic properties of chloral and the bromides. If you would forget the untoward effects of chloral and the bromides, resort to Pasadyne. A sample bottle will be furnished if application be made to the laboratory of John B. Daniel, Atlanta, Ga.

..The Superiority of Cod Liver Oil in Palatable Form.—Whilst none questions the nutritional and therapeutic properties of cod liver oil, yet what avails it when its administration provokes gastric disturbance. If the gastric function be interfered with by the oil, it were better not to give it. Chemists long ago began endeavors to overcome the undesirable features of the oil, and how well they have succeeded is shown in that most palatable, and yet efficient product, Cord. Ext. Ol. Morrhuæ Comp. (Hagee) which, while possessing all of the food and medicinal virtues of the plain oil, is agreeable to the most exacting stomachs, even when continued over long periods of time. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) as a reconstructive will prove highly serviceable in the many debilitated con-

ditions in which it is indicated, and the physician ordering it will be gratified at the results produced.

Clinical Notes on the Use of Digipuratum.—Wiener considers digipuratum absolutely reliable, since it is physiologically standardized before placed on the market. He used the drug with success in myocarditis, chronic endocarditis, chronic cardionephritis, dilatation of the heart, dyspnea, edema, anasarca, weak, irregular pulse, etc. The heart action returned to normal within a few days, the dyspnea disappeared, the amount of urine voided increased considerably and the pulse became full and regular without the appearance of gastric disturbances.

Digipuratum was also used in five cases of pneumonia. The action of the heart was strengthened and no gastric distress resulted.

Though the author's experience with digipuratum has not been large, he gained the impression that it meets all the requirements of a good digitalis preparation. Digipuratum is of uniform and constant strength. It acts energetically upon the heart and gives rise to neither cumulative nor gastro-intestinal symptoms. The flow of urine is considerably increased.—Dr. R. G. Wiener, New York, Harlem Hospital (Merck's Archives, 1911, No. 12).

The Treatment of Nervous Disorders.—Valuable as are rest and dietetic regulation in the treatment of nervous disorders, it is generally recognized that effective tonics are always necessary. For instance, in chorea and the restorative stage of poliomyelitis, it is often surprising to note the remarkable impetus given to convalescence by the use of Gray's Glycerine Tonic Comp. Its administration promptly stimulates the appetite, aids digestion, and so improves the whole nutrition that recovery is substantially furthered and hastened. The same thing holds true in neurasthenia, and the benefit that almost always follows the use of this remedy is invariably as gratifying to the practitioner as it is to the patient.

The Denver & Rio Grande railroad, "Scenic Line of the World," has opened an office for the transaction of the passenger and ticket business for the Denver & Rio Grande railroad, the Western Pacific rail-

way, and the Toyo Kisen Kaisha (Oriental Steamship company) at 1246 Broadway, Imperial Hotel Building, between Thirty-first and Thirty-second streets, New York City.

What is Best in Tonics?—Many people, and perhaps a few physicians, are inclined to consider the terms "tonic" and "stimulant" as more or less synonymous and interchangeable. This, of course, is not the case, although some agents employed medicinally may partake of the properties of both and be properly known as "tono-stimulants." Strychnia, for instance, is a heart stimulant but may also be considered as a general nerve and systemic tonic when given in small and frequently repeated doses. While a stimulant alone is sometimes indicated in conditions of emergency, its long continuance almost certainly produces an after depression. It is sometimes advisable, however, to give stimulant and tonic together in conditions of serious general depression, the first to "boost" the vitality and the second to hold it at the point to which it has been raised and to restore the general tone of the organism. An ideal combination of this nature is Pepto-Mangan (Gude) to which has been added the proper dose of strychnia, according to indications. This combination is especially serviceable in the convalescence of exhausting diseases such as typhoid fever, pneumonia, la grippe, etc. It is also of much value when the heart needs support and the general system requires upbuilding.

A New Thyroid Preparation.—To Dr. S. P. Beebe, Ph. D., Professor of Experimental Therapeutics in Cornell University Medical School, the profession is indebted for a new and valuable preparation of the active principle of the thyroid gland. It is a carefully standardized product, consisting of certain proteids of normal glands, extracted, purified and adjusted to a content of 0.33 per cent of iodine. Its preparation has been entrusted to Messrs. Parke, Davis & Co., and the product is offered to the medical profession under the name of Thyroprotein (Beebe).

The selection of normal glands for use in making Thyroprotein, it may be noted, is a very important matter. Heretofore the glands of sheep have been used in medicine, and it is now known that sheep from certain parts of the country always have

goitrous glands which are rich in content of proteid of the thyroglobulin type but contain very little iodine. This fact alone accounts for much of the variation noted in thyroid therapy. Furthermore, the thyroid gland as a whole contains certain substances which appear to be not only useless but actually harmful. In the preparation of Thyroprotein these objectionable substances are rejected.

For therapeutic administration the proteid (thyroprotein) is diluted with milk, sugar and made into tablets, each of which weighs exactly two grains. These tablets are supplied in three strengths, containing respectively, one per cent, two per cent and five per cent (of two grains) of the active medicament. The one per cent and two per cent tablets are used almost entirely in the treatment of goitre. The stronger (five per cent) tablets are employed in metabolic disorders, as skin lesions, joint affections, myxedema, cretinism, or other conditions in which there is markedly deficient thyroid activity.

Physicians who are desirous of learning more of this new thyroid preparation will do well to send a request to the manufacturers, Parke, Davis & Co., at their home offices in Detroit or any of their branch houses, for their new booklet descriptive of the product. It bears the title "Thyroid Therapy," and contains a lot of useful information.

International Congress on Hygiene and Demography.

Washington will become the Mecca for sanitarians from all parts of the world when the 15th International Congress on Hygiene and Demography meets here in September. Already assurances have been received by Dr. John S. Fulton, Secretary-General of the Congress, that representatives from twenty-four foreign countries and from practically every state and territory in the United States will be present.

Among the states which have not signified their official intention of being present are New York, Massachusetts, Pennsylvania and Ohio. Although invitations were sent to the Governors of these and all other states eleven months ago by the Department of State at the request of President Taft, none of them has as yet taken any official action in the matter.

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For the first time in its history in fifty years, the Congress will be held on American soil. Arrangements for the preliminary work have been made under the direct authorization of President Taft, who is Honorary President of the Congress, and with the active co-operation of the State Department. Huntington Wilson, First Assistant Secretary of State, is chairman of the Committee of Organization. Dr. Henry P. Walcott is President of the Congress.

In connection with the Congress, and in buildings especially erected for it in Potomac Park, the greatest exhibition on public health ever shown in America, will be held. The exhibit, which will be composed of eleven groups, will seek to show what America has done in the prevention of disease and the promotion of health. Dr. Joseph W. Schereschewsky, of the United States Public Health and Marine Hospital Service, will be in charge of the exhibition.

During the Congress every effort will be made by the American Committee to show the foreign delegates how the United States has made possible the construction of the Panama Canal by establishing sanitary working conditions, and to assure them that after the canal is opened there will be no danger from the spread of disease from that quarter. A plan for securing uniform and comparable international vital statistics, in which the United States is greatly lacking, will also be presented. A concerted movement for better public health organization will be started. These and many other subjects will be discussed by the greatest experts in sanitation and public health in the world.

While the dates of the Congress itself are from September 23rd to 28th, the exhibition will open early in September and will continue until after the Congress.

The Mastery of Pain.—An anesthetic that is slowly but surely displacing chloroform and ether is Hyoscine-Morphine Compound. It may be used in connection with chloroform if desired (of which only a few whiffs will be required), or it may be used alone by one of experience (pushed to effect), when it produces an anesthesia under which the most extensive operations may be performed. And, all the while the knife is being used, the patient feels absolutely no pain, yet he is conscious and able to answer any question put to him during the entire operation. What is more—it is safer than any other anesthetic in common use.

Statistics prove it. Over ten million tablets have been used in all sorts of cases, by all sorts of operators, still only eight deaths have been charged to it, and these cases would probably have died anyway. Hyoscine-Morphine-Cactin Compound is injected hypodermically to produce anesthesia. Employed this way or given by mouth it is an effective pain reliever in neuralgia, strangulated hernia, colic, and all painful conditions. It is a god-send to obstetrics—for subduing the pangs of childbirth. Again, it is a sedative of high order, the best one can give, in spasms (as hiccough), or manias (as delirium tremens). It enables the doctor to control the patient perfectly and may be pushed till sleep is secured. The Abbott Alkaloidal Company of Chicago make it; they offer to send a sample and booklet to any doctor who is

Tabular Summary of Mortality Rates.—The following table shows, for all registration states, the number of deaths from all causes per 1,000 population in 1910, with comparable figures for 1909:

Registration State	Number of Deaths* From All Causes Per 1,000 Population	
	1909	1910
Total†	14.2	13.5
California	13.4	13.5
Colorado	14.2	13.8
Connecticut	15.0	15.6
Indiana	12.9	13.5
Maine	15.6	17.1
Maryland	15.5	16.0
Massachusetts	15.4	16.1
Michigan	13.1	14.1
Minnesota	†	10.9
Montana	†	10.6
New Hampshire	16.9	17.3
New Jersey	14.7	15.5
New York	15.7	16.1
North Carolina‡	†	13.7
Ohio	12.9	13.7
Pennsylvania	14.7	15.6
Rhode Island	15.6	17.1
Utah	†	10.8
Vermont	15.7	16.0
Washington	9.8	10.0
Wisconsin	11.8	12.0

*Exclusive of stillbirths.

†Includes District of Columbia.

‡Non-registration state.

§Includes only municipalities having a population of 1,000 or over in 1900.

Denver Medical Times and Utah Medical Journal

VOLUME XXXI

MAY, 1912

NUMBER 11

KNEE JOINT TUBERCULOSIS IN THE ADULT.

LEONARD W. ELY, M.D.,
Denver, Colo.

The main thing to which I would call attention is a principle of cure in adult knee joint tuberculosis which we have worked out in the laboratory, and have tried in practice, and which goes far to clear up many of the problems that have hitherto confronted us.

Joint tuberculosis is one of the subjects in medicine about which the widest differences of opinion exist in all its phases, and in the last analysis this condition usually depends upon our ignorance of fundamentals.

We shall devote a few minutes in the first place to the pathology of joint tuberculosis, basing our conclusions on a personal study of 70 specimens, macroscopic and microscopic.

Contrary to the general belief, the tuberculous inflammation can exist in only two tissues of a joint, the synovia and the bone marrow. The primary focus may be in either of these and spread to the other, or it may exist for a long time in either one alone. We believe that in adult knees the primary focus occurs in both with about equal frequency. At no time is the bony structure itself, the trabecula, directly involved, or is the cartilage or ligament. All three suffer by interference with their nutrition, and play a purely passive part in the disease. Remember this, that the disease exists only in the synovia and the marrow.

Now, not all bone marrow is vulnerable to tuberculosis. Seldom, if ever, do we find the unmixed disease in the yellow or fatty marrow of the shafts, but, on the other hand, we find it in every bone or part of bone where red

or cellular marrow exists; hence, we find it in spongy or cancellous bones, that is, in the ends of the long bones, and in the short and flat bones, the vertebrae, tarsus, carpus, cranial diploe, sternum, ribs, etc.

The occurrence of tuberculosis in the region of the joints and not in the shafts has been a subject of much discussion, but either it is simply a question of red marrow, or else we are facing a remarkable coincidence. Wherever in bone we find red marrow, we find the bone subject to tuberculosis, and where we do not find red marrow, we do not find tuberculosis.

This explains the greater frequency of joint disease in children; their bones contain more red marrow. On the other hand, as primary bony involvement becomes less frequent by age, the synovial form becomes relatively more frequent.

We are discussing solely the adult knee. The synovia and the red marrow in the ends of the femur and tibia, and in the patella owe their presence here to function in the joint, and a study of our specimens teaches us that nature attempts to cure the disease by depriving the joint of function. In no case was this attempt successful. When, however, the joint is deprived absolutely of function by a successful resection, the synovia undergoes fibrous change and loses its peculiar cellular structure, the spongy bone becomes dense bone, and the red marrow, yellow marrow. According to Ollier and Mauclaire, a central medullary canal is eventually established through the site

of the former joint, and the femur and tibia become one long, hollow shaft. In other words, the joint is cured, not by eradicating every particle of infected tissue, but by doing an operation that will absolutely deprive it of function and so will cause a disappearance from it of the only two tissues in it that are vulnerable to the disease, namely, the synovia and the red marrow.

We have done a number of knee joint resections, and in no instance have we ever practised the elaborate dissections of the synovia recommended by some operators; and we doubt whether it is possible with any amount of care and skill to remove all the diseased tissue. Certainly it is impossible to tell by the naked eye, by the X-ray, or by any other means just how far the process has spread in the marrow, but an examination of the knee joints removed by various men, and of the patients from whom the joints were taken, and a study of the histories, convince us that the cures were effected simply by producing a firm, bony ankylosis with the resulting changes in the synovia and in the bone marrow. Two things were necessary for this: first, union of the wound by first intention; and second, a fair resisting power on the part of the patient. In one or two instances the joint seemed overwhelmed by the disease, no bony union took place, and the resection was followed by amputation.

If we accept this theory we shall discard all scraping and curetting operations as useless or worse, we shall choose in our resections the operation that is most quickly and easily done, and shall keep before our eyes only two objects—to secure primary union and bony ankylosis.

With these ideas in mind we have devised an operation that claims originality chiefly from the theory on which it is carried out. We lay the

joint open by a transverse incision, saw through the patella, dissect this out or leave it in, saw off about one-half inch from the condyles of the femur, chisel off the very tops of the tuberosities of the tibia, suture the lateral aponeurosis with catgut, and the skin with silk worm gut, and put the leg up in full extension in plaster of Paris. The crucial and lateral ligaments are not divided; hence no bone sutures, wire nor pegs are necessary. No attempt is made to dissect out the synovia; and iodoform, iodine and carbolic acid are discarded as injurious. The operation is quickly and easily done, and sacrifices not more than three-fourths of an inch of bone. It finds its greatest use in cases without secondary infection.

Our experience teaches us that cure of adult joint tuberculosis seldom if ever occurs under conservative treatment, but considering the fallibility of our diagnosis and the statement of some good authorities that occasionally the milder forms of synovial disease recover with good function, it is always well to recommend a six months' trial of plaster of Paris. If at the end of that time a marked improvement is not apparent we should have recourse to a resection, for we know that we can cure the disease in this way in six months without a possibility of recurrence, while under conservative treatment we shall often need as many years, and shall always fear a relapse. A stiff joint is all we can get in either case.

There are several other aspects of knee joint disease to which we could call attention, notably the difficulty of making a correct diagnosis with our present methods. Thirty-five per cent of our specimens were sent to the laboratory with what appears to be an incorrect diagnosis. We are all prone to error—sixteen operators are on the list, hence, the necessity for a scientific scepticism towards the claims of any enthusiast for a method of treatment based solely upon clinical examination.

CHAIRMAN'S ADDRESS BEFORE THE COLORADO STATE ASSOCIATION FOR THE PREVENTION AND CONTROL OF TUBERCULOSIS.***G. WALTER HOLDEN, M.D.,****Denver, Colo.**

Please find below a statement of the work of this Association for the period, January 1, 1911, to December 31, 1911, together with a resume of the volume of work carried on by the Association from the commencement of its active work, November 1, 1909.

With the convening of the Legislature, the 18th regular session, two bills that had been drafted by the Legislative Committee of this organization, after careful study of like measures that were upon the statute books of twenty-nine States, were introduced: one bill to abolish the common public drinking cup, and the second, a bill for the registration of tuberculosis. From the day of their introduction until the closing hour of the Legislature on May 6, a period of more than four months, constant vigilance was necessary upon the part of the executive office in order to secure consideration and calendar places for these measures. The interjection of the fight for United States Senator complicated the situation and retarded the progress of all legislation. The bill abolishing the public drinking cup finally reached the Governor's hands during the close of the session, and was signed by him, thus making it a law. The bill for the registration of tuberculosis passed the House of Representatives without a single dissenting vote, after having been considered at one entire session, at which no other measures were taken up. At this session Representative Walker insisted upon an amendment that would protect property owners from having tuberculous tenants without their knowledge. This amendment, while opposed by those interested in it, was insisted upon by the members of the Legislature, and ultimately be-

came the excuse for the veto of the bill by Governor Shafroth. The bill was viciously fought by the Colorado branch of the League of Medical Freedom, a local branch of a national organization, which Collier's Weekly asserts is governed and financed by patent medicine interests. This League and those interested in it, secured the allegiance of the Christian Science churches of Denver and of the State, and by direct and wilful misrepresentation of the contents and intent of the bill, together with the hearty co-operation of the Rocky Mountain Hotel Men's Association under the leadership of H. W. Pagett of the Albany Hotel, placed remonstrance in the Governor's hands against the signing of the bill. Mr. Warren R. Given, known in real estate circles, also one of the founders of the local branch of the League of Medical Freedom, a Christian Scientist, also Mrs. Dora Phelps Buell, a Democratic woman politician, another one of the founders of the local branch of the League of Medical Freedom, were active, both upon the floor of the Legislature and in Christian Science circles in attempting to defeat the bill in the course of its passage, and ultimately transferred their activities to the Governor's office. In spite of a hearing granted your Chairman; Dr. George Knapp, editorial writer of the Rocky Mountain News; General John S. Chase, and our Executive Secretary, at which hearing the facts of the bill and the conditions in Colorado were clearly set before the Governor, in the last few minutes of the last day of the time set for his consideration of these bills, his veto was appended to the bills, and the work of two years undone.

*Meeting at Brown Palace Hotel, Jan. 15, 1912.

At this point it is fitting that attention should be called to the fact that in other States where this same bill was introduced and had been passed, commissions appointed for and carrying on their work through a series of years at a cost of thousands of dollars, had laid before their Legislature the same conditions and the same provisions in a bill which this Association laid before the Legislature and the Governor of this State, without any expense to it, and while in other States the result is the registration of tuberculosis cases and the disinfection of cases under the provisions of such bill, in Colorado the State Executive refused official recognition of tuberculosis as infectious, denied the people of the State the opportunity to know actual conditions, deprived them of the right of disinfection of premises and denied them the privilege of the examination of their sputum by the State; thus the contrast in this matter with other important States of the Union is decidedly damaging to Colorado. The work of endeavoring to secure the Governor's signature was carried on until June 5, and upon the conclusion of that work, the activities of the Association were immediately called into employment in plans for the annual meeting of the National Association for the Study and Prevention of Tuberculosis, which was held in Denver June 20 and 21. So successful was this notable gathering that commendation from all parts of the country and from the national officers was received by our Association.

The Association has again acted as the representative of the American Red Cross in the sale of the Red Cross Christmas seals, by which funds have been secured for carrying on work of the committees on execution, lectures and literature; the expense of maintaining the executive office being provided for by subscriptions of individuals and firms.

In addition to the work in the Legislature and the entertainment of the National Association, the lecture committee has arranged for the presentation of the topic, "Tuberculosis," at 224 meetings, for which 230 speakers have volunteered, delivering in all 215 addresses and talks.

Although constantly hampered through the lack of funds with which to carry on the work, yet the committee on literature has distributed throughout the year 190,352 single pieces of educational reading matter; the Association has secured the observance of Tuberculosis Sunday by the churches of the State; the Publicity Committee has secured the publication of 2,579 articles in the papers of the State and the posting of 350 eight-sheet, seven-color educational posters on the billboards throughout Colorado, through the courtesy of the National Bill Posters' Union and the Curran Bill Posting Company of Denver. In the executive office, 7,871 letters have been written; the Executive Secretary has made 1,875 calls, and traveled 1,609 miles in carrying on the work of the year; 1,414 individuals have visited the executive office, and 1,402 conferences have been held by your Chairman and Executive Secretary with individuals and organizations interested in the campaign in this section. The Board of Directors have had ten meetings during the year, and there have been eight meetings of State Committees.

A work of far reaching value has been done by the Association at the request of Mrs. Helen M. Wixson, State Superintendent of Education, in preparing a suggested outline course of study for all grades of the public schools of Colorado, up to and including the eighth, upon the subjects of "Hygiene" and "Sanitation."

Throughout the year there has been a close co-operation of our own organization and the local and State relief bodies, and conference work has been

had with the Health Committees of the Chamber of Commerce, and also with the Denver Retail Dealers' Association.

Upon request of Mr. Wm. G. Evans, President of the Denver City Tramway Company, bacteriological tests of the dust and dirt upon the platforms of the cars of the tramway system were made and the findings reported to that company.

The Exhibit Committee has gathered and put on display attractive educational exhibits at the National Tuberculosis Convention, the National Apple Show, and the State Teachers' Association. By means of the exhibits and meetings held, 88,330 people have been reached during the year. The extent of influence of the press work of the Publicity Committee is beyond estimate, and the thousands who have passed and repassed and read the messages of health from the billboards of the State are beyond computation.

During the period commencing November, 1909, and closing December 31, 1911, there have been held under the auspices of this Association, 635 meetings, with a total attendance of 173,320 people. There have been distributed 576,459 single pieces of educational literature. The papers of the State have printed 4,231 articles; 660 addresses have been delivered, 2,539 conferences have been held; 3,333 persons have visited the office; our Executive Secretary has made 4,857 calls, and the work has necessitated the writing of 19,734 letters. Members of the Board of Directors have attended 45 meetings, and the several committees that have carried forward the different departments of the work have had 52 meetings.

It is encouraging and gratifying to close a resume of the past year's work with the announcement that the organization, through the activities of its Finance Committee, is entirely free of debt, and that while it entered the year 1911 with an outstanding obligation of

more than eleven hundred dollars, this indebtedness has been entirely wiped out, and a small balance remains to the credit of the Association in bank at the close of business December 31, 1911. Pledges amounting to \$2,540 remain unpaid, but are believed to be good, to which will be added the proceeds of the sale of Red Cross seals during the month of December throughout the State outside of Denver, which are not returnable until January 6, 1912. Thus it will be seen that the volume of work carried on by the Association has been accomplished within the bounds of the money made available through the activities of the Finance Committee. The Treasurer's report shows receipts from all sources for the current year, \$5,035.65; expenditures properly vouchered have totaled the sum of \$5,016.24, leaving a balance on hand of \$19.61.

In closing this report your Chairman desires to call the attention of this Association to the interest and co-operation given the organization during the session of the Legislature by Drs. Hasty, Dulin, Twining and Sharpley, all members of that body.

Acknowledgement also is made of the courtesy and helpfulness shown the Association by Mayor Speer and Mr. Collins, manager of the Auditorium, in the publicity work before the thousands gathered at the band concerts on Sundays; and of the courtesy shown the Association by the American Apple Convention, its President, Mr. E. L. Scholtz, and General Manager, Mr. Oliver, in granting exhibit space of the value of one hundred dollars to the organization during the recent Apple Show; also the unlimited courtesy and valuable space given by the newspapers of Denver and of the State in the past year; of the courtesy of the Denver City Tramway Company for advertising space; of the transportation courtesy of The Denver & Rio Grande; The Colorado & Southern; The Colo-

rado Midland; Denver, Laramie & Northwestern; and The Denver, Northwestern & Pacific Railway Companies; of the Knight-Campbell Music Company of Denver for the donation of the \$400 Kurtzman mahogany piano given free by them to the Association as a first premium in the Red Cross seal campaign; also the generosity of the McCrum-Howell Company of New York, in providing free of all charge for the Association, a \$5,000 vacuum cleaning plant as a special school premium, and five electric vacuum cleaning plants of the value of \$325, as individual premiums in the Red Cross seal sale.

We have been eminently fortunate in having associated with us as Executive Secretary, during the past two years, Mr. S. Poulterer Morris, whose thorough knowledge of the situation and its requirements, combined with good judgment, enthusiasm and untiring energy, in carrying out the innumerable details necessarily forced upon the executive office by the various committees, have placed this Association upon a sound basis. Whatever the Association has accomplished must be credited to him.

A NEW NAME FOR AN OLD SUBJECT.

REA P. McGEE, M.D., D.D.S.,
Denver, Colo.

From its earliest days the dental profession has had one object in view—namely, the health of the mouth.

Our splendid progress has been due to slow, careful thought and experiment, and not to a sudden acceptance of a luminous idea.

Many times there have been deviations from the old path, but the stragglers have always returned.

We have remained a united profession. With childlike innocence we are always ready to rush to the support of the plausible new departure.

Our latest is Oral Hygiene. The heralds of the "up-to-date" have been able to enlist the most enthusiastic recruits in this cause.

The old facts that we long have known, have been clothed anew; publicity has been called in; the race is about to be saved; the well-spring of all bodily afflictions has been found; and, high above the hullabaloo we hear the leaders crying for authority.

What are these old facts? They are simply plain old dentistry.

Is there anyone who does not realize that perfect health requires a perfect body, or that a diseased mouth is a detriment to the development of the child? Does anyone deserve credit for the discovery that an adult, who cannot masticate and insalivate his food, is shooting-the-chutes for the undertaker? In this movement two kinds of facts seem to predominate: First, the plain, common, or garden variety of facts, such as I have already stated; and, second, those fancy statistical facts, those lovely dreams in figures, that start on a basis of supposition and end on a scale of perfection that is entirely too good for this world.

Our journals have been flooded with pages of tabulated percentages which are just as clear to the reader as to the man who wrote them, and are just as clear to both as the Chinese declaration of independence, written in the native hieroglyphics.

Anything can be proved by statistics. At the last session of the National Dental Association statistics were presented

*Read before the Denver Dental Association, Nov. 9, 1911.

to show that in one school where the teeth had been placed in proper condition the children advanced ninety-nine and one-half per cent in mental efficiency. Think of it, ninety-nine and one-half per cent advance in mental efficiency. What must have been the mental caliber of these children with cavities and one-half of one per cent ability? They must have resembled the high school student who reported to his father that the dentist said he had a large cavity to be filled; the father inquired what course of study the doctor had suggested.

Such reports make us ridiculous. We who are innocent of this palpable rot must suffer with those who are guilty. It is desired that every means of publicity shall be used, lectures, exhibits, newspapers, pamphlets and complimentary copies of a free magazine, issued through the supply houses, to say nothing of the widespread advertisements of every alleged pyorrhoëa cure, mouth wash and dentifrice in creation.

This campaign is called the Campaign of Education. Men who are in the pay of manufacturing concerns go about delivering lectures written by someone else upon a subject that they profess to know nothing about.

Then we have exhibits—specimens in a case—so much per case—that can be sent from town to town to show the awful results—before and after. Then the newspapers; you all know the kindly interest that newspapers have always taken in our profession.

Pamphlets—like the old-fashioned tract—you can even get these with your name and address printed, as the author—only one man supplied in each town. And last but not least, that little tid-bit, "Oral Hygiene," issued monthly, complimentary. It is issued gratis to stimulate interest in the various preparations that can be used in this work. This little missionary effort has now reached the point where

each advertising page brings one hundred dollars per issue. Not bad, to indicate that Oral Hygiene pays some one.

When certain of our contemporaries, who are outside the pale, embark upon this enlightenment of the public, we call it advertising.

That is unethical. Ethics is the science of morals, and what are morals? They are those rules of right living that have come to us as our heritage from the experience of the race, the cold, hard facts, that have been gleaned from the mistakes of our kind through the countless centuries of their existence.

There are few new facts. A man or a set of men, may, with the best intentions in the world, herald a new fact, or a few old facts, with a new coat of paint on them, to the uninitiated public. The new information comes as a surprise; more surprises are called for, not more information, more surprises. A new reputation for cleverness has been made. There is a mental intoxication both in giving and in receiving a surprise.

To meet the newly created demand more facts must be supplied; if they are not at hand, they must be invented. Exaggeration is resorted to, extravagant claims are set up, remarkable calculations are indulged in, and the man who started out with real information and an honest purpose, becomes either a convert to his own fancies, or he degenerates into a wilful falsifier.

Our conclusion and our teaching, since the early days of our profession, has been that the man who advertises, cannot remain trustworthy. This has been the experience of dentistry; this is the contribution that we may give to the science of morals.

We have then Oral Hygiene composed of dentistry plus publicity; I almost said advertisements.

And now we hear the clamor for authority—the energy of the movement.

The people are enlightened; the believers come to us anyway, the unbelievers must be forced to come through.

The wheels of progress must move. We have turned our steam into the cylinders. What is steam? Steam is water, crazy with the heat.

This demand for authority is made upon the school boards.

We are to become a part of the general hygiene movement. Laws have been passed in many states compelling all public school children to submit to a physical examination. This sounds well enough on the mere announcement. But has it occurred to you that these laws may become oppressive?

Do you desire to retain the right of having your children examined by whom you choose? Or, are you satisfied to have every misguided enthusiast who goes slumming, pounce upon your poor little kid and examine her as a subject?

In Boston the superintendent of schools is quoted as saying the law allows the examination of every child from the top of his head to the soles of his feet, by whom the superintendent shall designate. This includes the high school pupils, male and female. Quite pleasant for a parent to contemplate, isn't it?

In Denver we are more polite. The wicked little microbe that is looked for here must reside somewhere above the collar bone.

Most of the examinations are made by the teachers themselves—the eyes, ears, nose, mouth and throat are examined. It takes us a long time to qualify as experts in the examination of the eye, ear, nose, throat, or mouth, but fortunately, the school board in its wisdom may, by the laying on of hands, convert a school teacher into a diagnostician, presto—just that quick.

Our ancestors fought for civil and religious liberty, and for years we dentists have fought for professional recognition. Now that we have reached

the open country, why should we join this movement of political medicine, that has for its object the compulsory patronage of an over-crowded calling.

Our patients come entirely from the middle and upper classes, the intelligent people. The lower strata do not consult the dentist, and the intelligent classes will not long stand for this unsolicited service. I could spend the evening telling you of the ridiculous cases of physical examination in the schools—ridiculous if they were not so dangerous. The same dirty fingers were used in mouth after mouth in one Denver school, examining the teeth and throat. Were the hands even washed? No, the germs were left to fight it out among themselves.

Of course, none of us would do it that way—no—but we don't always make the examination.

Now we have Oral Hygiene, which is dentistry plus publicity or advertising, plus authority or force, and last, but not least, the root of evil—cash.

After the death of Dr. Harris, who founded the Baltimore Dental College, an effort was made, on behalf of his widow, to present some token in appreciation of Dr. Harris' services to the profession. A subscription was started and \$1,000.00 pledged. Old Dr. Wayden of New York, was selected by the committee to present the purse to Mrs. Harris. The committee got their statistics together and deducted from the \$1,000.00 the expense of collection. The remainder, consisting of \$80.00, was presented to Mrs. Harris and promptly spurned by her. The collection of the \$1,000.00 cost \$920.00. I believe we have about \$1,000.00 in our hygiene fund. I am quite certain that our committee will be able to handle the funds better than the one I just mentioned. But why is it necessary to make the Oral Hygiene committee the most important in the association? Are not the other branches, the older and more

stable parts of our profession, just as necessary?

By all means let us endeavor to lessen the liability of the entrance of disease through the mouth. Let us work honestly to benefit the children, let us instruct those who wish instruction. Let those children, who have a regular dentist, go to him and get a certificate; and let the public examiner look over the rest, but for goodness sake, don't force your services where they are not wanted.

I hope the Oral Hygiene movement will be carried on so carefully that it will not act as a boomerang. I hope that the enthusiastic efforts of our friends to remove every thread will not place us in the embarrassing position of

Urilla. Urilla had a beautiful new sheath gown, and with the greatest joy looked forward to her first dance. At the ball she was the belle; those young men who could not talk to her sat near to gaze. Presently one young fellow spied a thread on her bodice—he gently reached over to remove it, when behold, it drew out a yard, and the end was not yet. He wound, and he wound, and he wound, and the end was not yet. Finally, just as the music started, he reached the end; and then he stepped out to the dressing room to leave a large ball of thread. When Urilla got home she recounted to her mother the events of the evening while she was undressing. But suddenly her mother exclaimed, “Urilla, where have you left your union suit?”

CHIROPRACTIC—WHAT IS IT?

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Chiro-practic is a compound word of Greek origin: Cheir, the hand, and Praxis, a doing—doing something with the hand. The coiner of this term, in applying it to a method of treating disease, had in view using the hands alone, without the aid of drugs or any other means. The roots of this term, therefore, have primarily no medical significance.

“The method was evidently used first about 1840, in Bohemia, by Napravit, called the “Lipony Doctor.” Pau Jos. Vejooda is his direct descendant, and has in his possession testimonials dating back to the above mentioned time.”

The people of Bohemia carried heavy loads on their heads, and consequently suffered very frequently from sprains of the muscles of the neck and back, for which no speedy relief could be obtained. A few conceived the idea of making strong, quick thrusts at the

points of tenderness, with the hands. This being of some benefit, other means were sought for, to make greater pressure. The patient was placed prone upon the floor, and the healer, in stocking feet, walked along the back with one foot on each side of the spine. Very loud clicks were produced, similar to those so often made by cracking the fingers.

The simple, crude experiment was satisfactory, for the patient was relieved of his backache. It was incidentally learned, while treating similar conditions, that other symptoms, even remote ones, also disappeared. As time went on, this treatment was applied for the cure of various ailments, internal as well as external, and as good results followed, the healer became quite famous.

When people ignorant of medicine perform cures, especially after the patients have failed to respond to medi-

cine or surgery, the results are heralded as being miraculous. They are given very much greater prominence than if physicians had made the cure. It is expected of the doctor but not of the layman.

While this method was practiced by emigrants from Bohemia among themselves and in their settlements in this country, it did not become well known until D. D. Palmer, formerly of Oklahoma City, first applied the term Chiropractic, as well as embodying the "thrust" or adjustment in the treatment of disease. J. B. Palmer, son of D. D. Palmer, lays strenuous claims to being the "Fountain-head and the developer of all that is good in the art, science and religion of Chiropractic." He, no doubt, is correct.

How Chiropractic Started in America.

The following extract is from the practical book by Dr. A. A. Gregory, of Oklahoma City, on Spinal Adjustment:

"As far as we can learn, a magnetic healer of Davenport, Iowa, is responsible for the beginning of this method of treatment in the United States as a separate school of treatment. Possibly all, or the majority, of those who know anything about spinal adjustment in America today trace the source of the beginning of their knowledge back to this man." (The man referred to is D. D. Palmer, formerly of Oklahoma City.)

"The magnetic healer's first patient, according to his statement, was in the latter part of 1895, and was a case of deafness—Mr. Harvey Lillard, of Davenport, Iowa. He stated that he had been deaf for seventeen years. It was almost impossible for him to hear the heavy rumblings of the wagons on the streets at the time he came to this doctor for treatment.

"He claimed that, at the time he lost his hearing, he was lifting in a cramped position and felt something give, slip

or move in a certain part of his back, and that he had been unable to hear since this occurrence.

"The healer made an examination of the spinal column, and discovered the spinous process of a vertebra that appeared to be abnormally prominent. He suggested to Mr. Lillard that he might be able to push or thrust that vertebra into normal relation with its fellows, and he thought this might restore his hearing.

"At the request of this man, Mr. Lillard consented that an effort should be made to adjust the vertebra. The healer, by placing his hands against the spinous process of the vertebra that appeared prominent, gave a thrust that apparently moved the vertebra, and the movement was accompanied with a crackling sound.

"The thrust was repeated a second time and, to the surprise of Mr. Lillard as well as to the surprise of the healer, the deafness was removed and hearing restored. Since that time to the present writing Mr. Lillard can hear as well as the ordinary person of his age. At last accounts he lived at 1031 Scott Street, Davenport, Iowa."

The Theories of Chiropractic.

All diseases, both acute and chronic, result because of impingement generally of the spinal nerves. This impingement is produced by displacements or subluxations of the vertebrae, which result from blows, strains or accident.

These subluxations may be anterior, posterior, lateral, superior or inferior. The direction of the subluxation is determined chiefly by the position of the spinous process. It may deviate to the right or to the left of the median line, it may be depressed below the line of the natural curves, or project posteriorly, or it may approximate the spinal process above, or the one below.

Besides this mal-position, there is usually tenderness on pressure at or in the immediate vicinity of the exit of

the impinged spinal nerve, from its intervertebral foramen. Or the nerve is often traced, by palpation, from the seat of pain, as in neuralgia or "rheumatism" along the entire course of the nerve to its exit from the spine. Tenderness on pressure at or near the exit of some spinal nerve is almost necessary to positively point out the lesion. Such tenderness is not present in anatomical anomalies, or in ancient fractures of the processes.

Observation and experience have taught where to adjust for various diseases, if the spinal tenderness and signs of subluxation are doubtful. These spinal points for adjustment can not be absolutely positive, yet there is established a reasonably safe working basis for treatment, which the medical men may have the great pleasure of perfecting.

There are thirty-one pairs of spinal nerves. Each one is directly or indirectly connected, or so associated with one particular organ or structure, that tenderness on pressure will generally be manifested, at or near the spinal exit of that nerve, when such particular organ or structure is diseased. The same spinal nerve is not always tender in every individual, yet it is so in the majority of cases and will lead to the vicinity of the nerve involved. It may be the one above, or the one below, which fact is determined and corroborated by tenderness on pressure, or by tracing tender nerves. The preference is given to tenderness on pressure, over that of malposition.

As an example, the 5th thoracic spinal nerve is usually tender on the left side, at its exit from the spine in stomach diseases. The strong proof is, that such ailments are, as a rule, alleviated or cured when treatment is applied to this region. Similar conditions exist between the 7th dorsal spinal nerve and the liver and spleen; the 10th and the kidneys; the 2nd lumbar,

right side, and the appendix; the 3rd lumbar and the uterus.

Each of the thirty-one pairs of spinal nerves has thus been more or less accurately assigned to some special structure. At least, when it is tender on pressure, it directs attention to that structure. It does not indicate the disease.

In a measure, this connection between the tenderness at or near the exit of spinal nerves and the diseased organs was empirically established. This must necessarily have been so, as the classification was made by non-medical men, who were not particularly interested in pathology, dissection or physical diagnosis. Among physicians, the tender spots are considered reflexes, but they are not utilized in making differential diagnosis, nor used solely as foci for treatment.

In Chiropractic, there must be a primary subluxation of some vertebra, and an impingement of a spinal nerve before there can be disease. There must be some nerve compressed that is in communication with the structure deranged. For an example, let us take the 5th thoracic nerve again in its relation to the stomach. There is no doubt that, generally, when there is disease of this organ, there is tenderness in the vicinity of the 5th thoracic nerve at its exit, and usually on the left side. This tenderness is sometimes very vague, hardly discernible. Sometimes it manifests as burning or heat.

The question that naturally arises is, what is the connection between this tender spot and the stomach? Why should pressure of this spinal nerve interfere with or modify the functions of the stomach? To prove the relation, it will be necessary to trace some reasonable nerve connection between these two points.

It is well known that pressure or irritation applied to a nerve anywhere along its course may interfere with the functions of that nerve, or of the organ

supplied by it. A nerve path between these two points can exist only by way of the rami communicantes. As a rule, the dorsal spinal nerves receive gray rami from the nearest sympathetic ganglion, or from the sympathetic trunk. These gray fibres are conveyed by means of the spinal nerves, to the muscles, tendons, bones, integument, and its glands. On the other hand, the spinal nerves transfer to the sympathetic system white rami, which are carried by the sympathetic nerves to their ultimate ramification, as far as the efferent splanchnic or sensory nerves are concerned. The afferent splanchnic or motor fibres, however, terminate in some of the sympathetic ganglia by arborization.

This interchange of fibres results also in an interchange of functions. The spinal nerves receive pilo-motor, vaso-motor and secretory fibres, while the sympathetic nerves receive sensory-motor fibres.

The largest branch of the Great Splanchnic nerve has its origin in the 5th thoracic sympathetic ganglion, which is very closely related to the 5th thoracic spinal nerve. There is a greater likelihood of an interchange of rami between these two (the 5th thoracic spinal nerve and the 5th sympathetic ganglion), than between others more widely separated.

The connection between the stomach and the largest branch of the Great Splanchnic nerve is also indirect and through the solar plexus. It might be difficult to thus trace fibres anatomically from this branch into the stomach; but there can hardly be any doubt that some of the fibres of this branch help to form the plexuses found in the walls of the stomach.

While this explanation may establish a reasonable path, the chief proof is found in the fact that the region of the 5th dorsal nerve, at its exit, is generally tender when there are stomach symptoms. And, furthermore, these symp-

toms are relieved, or entirely removed by applying treatment to the 5th dorsal vertebra. This treatment need not necessarily be Chiropractic but the latter relieves the nausea, sea or car sickness, pain, or other symptoms very quickly. This spinal tenderness does not always confine itself to the area that is ramified by the fibres of the posterior primary division of the spinal nerves. The intercostal nerves are sometimes the seat of pain, as the following case will illustrate.

A woman was suffering from chronic, stomachic indigestion. She had attacks of severe pains over the precordial region, which gave the impression that her heart was diseased. The attacks would be repeated frequently, and last for several minutes. This left constant soreness, which was increased to pain on deep breathing. An examination of the naked back revealed tenderness, on pressure, in the fifth intercostal space, left side, which could be traced by palpation from the spine to near the sternum. Chiropractic treatment was applied to the spinous process of the fifth dorsal vertebra, while the patient was in the prone position. A girdling pain shot around the chest wall, but lasted only a few moments, after which there was complete and permanent relief of the intercostal neuralgia.

Some Fallacies.

One of the mistakes of Chiropractors is the belief that all symptoms are the result of compression of spinal nerves by displaced vertebrae. Subluxations cannot always be satisfactorily demonstrated, but the Chiropractor takes it as a fact, that there must be subluxation. They are just as orthodox and hide-bound as the regular doctor when it comes to adhering to that which they have been taught.

There can be no doubt that irritation often starts from within, travels to the spine, and produces irritation in the

terminal endings of the spinal nerves, such as may occur from changes in the stomach from whisky drinking. This does not always manifest itself as pain, muscular or neuralgic, or by tenderness on pressure, but by tonic muscular contractions, so often found along the back, or more especially in the neck, from various causes, external as well as internal. Sometimes there are eruptions along the course of nerves, as herpes zoster and acne, perverted sensations or secretions, or disturbed circulation. This irritation, then, does not pass directly through one nerve or its branches from the stomach, uninterruptedly, to the posterior part of the spinal column. There are nerve centers in the cord and in the ganglia, which receive impulses both from the periphery and from the central terminations, which they modify and transfer to other areas.

Irritation of a sensory nerve, especially by inflammation, produces contraction of muscles and tendons that are supplied by its corresponding motor nerve. Ptomaines, urea, tetanus and hydrophobia irritate sensory centers, and produce muscular contractions. Contraction of spinal muscles, whether produced by sudden injury (which is also irritation), or by slower, chronic methods, or by poisons, will approximate the occipital bone and the atlas, or the other vertebrae with each other. This compresses the spinal nerves, and the sympathetic nerve fibres carried by them, which produces various symptoms in the organs or structures supplied by these mixed nerves.

Muscular contraction probably plays as great a part in the impingement of nerves as does displacement of vertebrae through accident. However it may be produced, the chiropractic thrust gives relief more frequently than can be obtained in other ways. So does vibration relieve, but those physicians who use both methods are in

accord, that adjustments give quicker and more lasting results.

Another error that the orthodox Chiropractor makes, is in believing that everything can be cured. If any physician, however, will take up this study and work out the details, he will be daily astonished at the favorable results and the unexpected cures. But there are many cases which cannot be reached at all. People will die, they must, and not always of old age. No system, nor all the systems combined, will prevent death. Even Christian Science fails to cure everybody.

There is probably very little doubt about irritation or symptoms being transferred or reflected from remote structures to the spine, and manifesting itself there by tenderness on pressure, conscious pain, heat and contracted muscles, inflammation or abnormal secretions. If there is a nerve path from within outward which transmits and also transmutes or modifies this irritation into reflexes, then this path must also be in condition to receive impressions, as the stimulation of vibration, counter irritation and manipulation, heat or cold, and to carry them back to the source of the reflex act, no matter how remote, restore, particularly vaso-motor functions, and become palliative or curative. A tender spot at the spine, if local causes can be eliminated, signifies abnormal conditions in some remote structure, generally internal.

All other sensory, motor, secretory, vaso-motor or other nerve impulses, which must pass through nerve centers, are provided with a double function of receiving impressions, modifying them, and in sending out the transmuted results. To accomplish this, a spinal nerve contains the various kinds of fibres (cerebro-spinal and sympathetic) in order that they may receive at each of their terminals: central in the internal organs, and peripheral in

their external termination in the skin and muscles.

It will be found that, as a rule, each internal organ or structure has at least one spinal nerve area which receives irritation from this internal organ or structure, and is manifest either at the terminal distribution of the anterior primary, or of the posterior primary division of the spinal nerve, or somewhere along the nerve trunk. In other words, a tender spot anywhere along the spine should stimulate search for internal or remote irritation, provided, local causes may be eliminated.

Chiropractic Treatment—The Thrust or Adjustment.

This part of chiropractic is very interesting. There are some very valuable lessons to be learned, that will be useful, both in diagnosis and treatment. Many errors are made by medical men because the examinations are not always thorough. In chiropractic, even though it is in the hands of the layman, examination of the naked back must be carefully made. The back is exposed. The spine must be seen in its entirety, and be palpated from atlas to coccyx. The natural curves and alignment must be mentally compared with those of the patient's. Every spinous process must be observed and palpated. Tender and contracted muscles are sought for. If tenderness is found, or better, if abnormal position of the spinous process is discovered, the vertebra, to which treatment should be applied, has been found.

This tenderness is at times confined to a spot no larger than the end of a lead pencil. If muscles are involved, the entire muscle may be tender or contracted, or only a very small part of it, not larger than an inch square. The point of insertion of the muscles and tendons are often exceedingly tender, especially those attached to the occiput and to the upper cervical vertebrae.

These conditions call for adjustment of the vertebra nearest the tender spot, or that vertebra from the lower surface of which the nerves pass, which ramifies the tender muscles or other structure.

If there is pain in any muscle supplied by the ulnar nerve, attention is immediately drawn to the eighth cervical nerve, or the first thoracic. The one that is most tender should be adjusted. This same idea or application governs all symptoms.

Suppose that the fifth dorsal vertebra is posterior; that is, its spinous process projects beyond those of its neighbors. Or, if the integument and muscles posterior to that vertebra are tender, the patient is placed prone upon a table, specially made, so that a section corresponding to the chest and part of the abdomen can be removed or let down. This latter part is very important, as the ribs and sternum must not rest against any solid, non-yielding substance when the adjustment is made. If there is no such table, a roll, books or an ottoman, covered with a pillow, is placed under the patient's shoulders, and another roll under the hips. This leaves the ribs free.

The patient may be placed upon the floor or upon an ironing board, or upon an ordinary table, not upon a soft, yielding bed.

The object is to make a simple downward move, just for an illustration: Stand or kneel at the left of the patient. Place the right hand flat on the back, with the heel of the hand over the spinous process of the fifth dorsal vertebra, the left hand grasping the right wrist. Divert the patient's mind and have him relaxed thoroughly; or let him breathe deeply, and at the end of an expiration, make a quick, downward push. If the patient is thoroughly relaxed, very little force is required. If the adjustment has been successful, a decided click is

heard and felt similar to that produced by cracking the fingers.

This click simply shows that the relaxation has been complete enough to permit a separation of the articulating surfaces. It does not indicate that a bone has slipped into place, as in reducing a surgical dislocation. There is some difference between the usual surgical and a chiropractic dislocation, or even a subluxation.

This simple, quick treatment may be applied, more or less varied, to any vertebra that needs it. The need is, a tender spot, or displacement, if it shows. I am prepared to say that alleviation and cure very often follow, even when used by the non-professionals who have very little or no knowledge of disease or anatomy. They find the tenderness, or some deviation of the spinous process, and then apply a quick thrust for treatment.

Chiropractic Schooling.

There are many chiropractors who are treating from ten to fifty patients a day, to the satisfaction of the majority of their patrons. There are schools that give three months' courses, and confer diplomas after giving not more than one hundred lectures in the entire course. There are at least two schools, one claiming an enrollment of 687 during 1911, another having about 150, that give twelve months' lecture terms, of from four to six hours a day. The schools almost uniformly charge from \$150 to \$200 a term, whether they give three months or twelve. Some of the better schools are giving very thorough lectures on anatomy, and have very large clinics running up into the hundreds. Here the students are drilled very thoroughly in palpation of the spine and in making adjustments. There are certain muscular exercises that must be gone through with daily, regular calisthenics, in order to acquire the more perfect coordination of muscles, so as to regulate the proper

amount of strength that is needed to give the adjustment quickly, with the least amount of force. It certainly requires some practice to give the thrust. It is not difficult, only the knack must be acquired. It is often impossible to give a successful adjustment at first. The click that follows seems, to many, to be the adjustment, but there is more in it than simply producing a click. The patient soon learns to look for the click, and, is not satisfied unless it is produced. This cannot be done at all times nor in all places. In the lumbar region it is often impossible, and yet one can tell that the adjustment was correct, simply by the movement of the spine, as well as by the immediate relief which frequently follows, even when there is no click. The cracking or clicking of the spine can be obtained in perfect health, and the sound is just as loud as that which follows in disease, and no harm or injury is done. Neither will there be pain if conditions are right; i e., thorough relaxation and moderate force used. While it is almost impossible, at first, both for the patient and for the operator not to feel some apprehension, especially when the neck is made to crack; no harm results if ordinary judgment is used. The "thrust" of itself, no matter how loud the clicking sounds may seem to be, cannot of itself be very harmful or difficult to produce, when it is taken into consideration that men and women without much, or without any, preparation, almost indiscriminately, make the adjustments, and without much injury. I have seen students without previous education or experience, operate on patients' spines, and nothing worse resulted than momentary pains and sprains. Injury is done, sometimes, however, but always because of carelessness, haste, lack of judgment, or attempting to accomplish too much in a single treatment. No one is entirely free from these faults. They are likely to increase, however,

in direct ratio with ignorance of the structure of the human body. Fortunately the spine is not so easily injured as we have generally been led to believe. The articulating surfaces are joined in such a manner, the vertebrae are so strongly bound together by numerous muscles and ligaments, that dislocations are rare without accompanying fracture. Outside of the transverse processes of the lumbar vertebrae, it would require considerable force to produce fracture. With sprains, however, it is an easier matter, especially if the muscles are not relaxed. But, as a rule, under certain precautions, injury or harm rarely follows. There may be slight pain, of which the patient should be informed, and told that it will not last long. Pain may shoot along the nerve, or even to the part with which it is remotely or indirectly connected. In adjusting the third cervical, pain sometimes shoots into the eye or nose. In adjusting the axis, pain is at times felt in the ear, or in the supra-orbital nerve. In lumbar "thrusts," pain runs down the sciatic nerve. In treating the lower cervicals, pain may extend down the arm, or entirely around the chest in dorsal adjustments. This occurs only occasionally.

Adjustments should not be made without first seeing something as to the manner of preparing the patient, of placing the hands, and of applying the "thrust." A certain amount of skill may be acquired without first witnessing this, but confidence is necessary even for a physician, no matter what his experience may be along other lines. There is an inherent fear of injuring the patient when force is applied to the spine. This disappears after seeing the adjustments properly given. A better idea of this important matter can be obtained by seeing the process than by reading up and studying it out.

To What Class of Disease is Chiropractic Adapted?

If this question were put to a Chiropractor, his answer would be, "To all classes," and I believe that he would try to show that it cures everything. In one school in Davenport, where there are over five hundred patients treated daily in their clinic, they make the modest claim "that from 90 to 95 per cent get well." This is really remarkable, when it is understood that most of these patients are "chronics," who have been the rounds of all the various kinds of treatment, both regular and irregular. There is no disease that has not been treated in this way, whether acute or chronic. The results would certainly astonish any medical man who would make an impartial investigation. Chronic diseases are especially amenable to this method of treatment. So-called neuralgia, rheumatism and neurasthenia seem to respond especially to spinal adjustments. In these instances nothing but the "thrust" is used by chiropractors. They scorn the use of the adjunct—the "thrust" is all-sufficient. But physicians, who may use such new methods as adjuncts only, will generally employ other treatment. This makes it difficult to say which method cured.

There is no doubt about the value of these "thrusts" in relieving pain or headaches. All the internal organs may be reached and their functions modified. The rapidly beating heart may be slowed, the kidneys made to increase their activity, and the stomach relieved of much of the distress of indigestion. The first case that I treated was that of a woman who had had noises in her ears for over fifteen years. The buzzing was so annoying that it interfered with sleep. The effects of the constant loud roaring was to make the patient nervous and irritable. The spine was very tender between the shoulders and in the region of the atlas. Adjustment was made at the atlas, which was followed by a very loud click. The tin-

nitus ceased within a very few minutes. The general health of the patient improved, and she felt a general lightness that had not been hers for years. I would like to submit this question: If the ear can be relieved of noises, completely, with one or even more adjustments of the upper cervical vertebrae, why is it not reasonable that other structures should also be reached, and their conditions modified? If all the annoying symptoms of hay fever can sometimes be removed in one treatment, which positively has been accomplished, or even if it could be done in ten treatments, why should not other diseases be cured by treating the spine? It does not seem reasonable that there should be nerve communication between the ear or nose with a definite part of the spine, and a similar relation not exist between other organs and the spine. Every organ can and does send reflexes to the spine, and stimulation as a method of treatment, can be sent back from the spine to the organ in which the reflex had its origin. And this often proves palliative and curative.

I do not wish to be considered fanatical, else I would mention other conditions and diseases which I have seen cured. You would not believe it without first investigating. This is a matter for personal experiences by each physician. While the discovery was, unfortunately, made outside the medical profession, and while, still more unfortunately, it is practiced by many who are not properly qualified in any way to treat the sick, yet there is so much that is strictly scientific that should be worked out, so much in it for the benefit of the sick, that physicians should not hesitate to investigate it thoroughly and use all that is good. So many awful, unpardonable, absurd, and even rank errors have crept into the teaching, and into the practice, that they ought to be corrected and eliminated. All this bad is mixed up with so much good that the medical man should place the good in this method of

treatment upon the high plane to which it belongs.

It has come to stay, For many reasons people are demanding drugless methods. Here is one in which the treatment occupies but a few minutes. The effects are generally satisfactory. Relief can be given to many to whom medicine and surgery are not applicable or not even beneficial. Something is needed when medicine and surgery fail. Here is a method with which investigating minds will be well pleased, for it is full of surprises, and gives great satisfaction, for the reason that causes and effects can be traced by the frequent results obtained in applying this form of treatment.

How Do Adjustments Relieve Symptoms—What Do They Do?

Probably the most wished for explanation is, how do well directed, quick thrusts to specific vertebrae, relieve pain and other symptoms?

The Chiropractic idea of subluxation affords the most plausible reason for effecting cures, provided, there always exists the subluxation. By replacing a misplaced vertebra, the nerves or blood-vessels would be relieved of pressure, and the nerve vibrations and the blood could again resume their normal flow.

Suppose there is no luxation. Then the contracted muscles must be made to relax by the quick thrust. The spine is made to move forward considerably. The contracted muscles, and the nerves are put upon the stretch. This alone will frequently relieve pain in both muscles and in nerves. The forward movement of the spine widens the intervertebrae space anteriorly and takes the pressure from the spinal nerves and blood-vessels. This latter is accomplished by restoring the intervertebral foramen to its normal size, which was decreased by the luxation.

This permits the normal flow of nerve power, energy or vibration to again pass through the nerve, and pilo-motor, vaso-motor, secretory and sensory-

motor impulses pass uninterruptedly to their destinations.

If physicians will hunt for displaced vertebrae, tender spots and tender muscles along the spine in all of their patients, they will be surprised to find the prevalence of these symptoms, and will soon learn to associate them with the prevailing diseases of their patrons. It will give them a clearer insight into the part played by contracted muscles in producing many symptoms. It will point out the spot to which treatment can be successfully applied, and also offer suggestions for more accurate differential diagnosis.

If vertebrae are misplaced, treat them. They will not be found if not sought.

It will yet be medically demonstrated that each organ has one specific spinal nerve with which it is in special communication. Then, when this nerve is found, and, also the vertebra with which is most closely connected, the specific point is found to which treatment is to be directly applied. No other point should be treated.

When the specific point has been found — apply specific treatment — there, and there alone.

MEDICAL PROGRESS

Diagnosis of Sulphrenic Abscess. Robert T. Morris (March Post-Graduate) says that the diagnosis between subphrenic abscess and post-operative pneumonia, when the two do not actually occur together, is best made now with the aid of the X-ray. The collection of pus beneath the diaphragm arches the latter in such a way that the X-ray allows us to outline the new position of this muscular structure.

Manual Treatment of Paroxysmal Tachycardia. Herbert M. Rich reported a case of this kind in the J. A. M. A. of February 24th. He seated himself in front of the patient, put his right hand flat over her heart, and his left on her back directly opposite, directing her to take a deep breath, close her glottis and strongly fix the walls of her chest. He then squeezed the chest walls with some force, exerting special pressure on the upper part of the heart. The patient expressed instant relief, and her pulse dropped from 220 to 110.

The Masks of Diabetes. Among the conditions having a diabetic basis, and yet frequently mistaken for other diseases, James J. Walsh (International Clinics) enumerates the following, which have been observed in his own practice: Neuritis (especially sciatic), aural eczema, carbuncle, furunculosis, pruritus, stomatitis (particularly persistent soreness of the gums), proctitis, balanitis. Double sciatica is nearly always of diabetic origin. Frequent cramps,

especially if bilateral and occurring with fatigue, are, he says, in much more than half the cases due to diabetes. Neurotic symptoms are very prominent, most so when patients are frightened with the diagnosis of diabetes. He concludes that "In general, indeed, the reassurance of diabetic patients and the absence of over-solicitude with regard to their diet, so long as they are willing to follow such rules as are laid down for them carefully, is the best therapeutic asset that we have." He recommends the administration of one-half to one dram of pancreatin daily, which he has seen do much good even in severe cases. Honey (mannite sugar) may be permitted to many diabetic patients. Occasional periods of abstinence from all starchy materials appear to be better than the attempt to maintain a rigid diet.

The Diagnostic Significance of Abdominal Pain in Childhood. In a recent issue the editor of the Medical Record reviews H. Finkelstein's important contribution upon this subject, bringing out the differentiation of a number of conditions which might be mistaken for appendicitis. One of these, now well recognized, is early pneumonia, where right iliac muscular rigidity is not infrequent. Cutaneous hyperalgesia (Head's zones), due to a number of intestinal diseases (inflammation, ulceration, diarrhea, constipation), is often present in the abdomen and loins, extending around to the back, and always includes the cecal region.

Fermentive dyspepsia of mild type gives rise to moderate, frequently repeated pains, with tenderness on pressure along the entire colon, and fermented stools containing considerable starch. Marked constipation may present the syndrome of ileus—pain, enterospasm and vomiting—differing from appendicitis by the presence of visible and palpable peristalsis. Neuralgia secondary to caries of the lumbar vertebrae rarely simulates appendicitis. Abdominal pain may occur in neuropathic children without obvious cause and at varying intervals. Most of these patients have a diastasis of the recti, and commonly show neuropathic stigmata. "Treatment by suggestion, such as the application of a plaster, vibratory massage, faradization, frequently results in a spectacular cure." Pronounced intestinal stenosis presents symptoms identical with those of appendicular colic, the only clue to diagnosis being a slight spasticity of the intestine. Peritoneal new growths (usually tuberculous) and urinary calculi need also to be excluded.

SOME OBSERVATIONS UPON THE SURGICAL ANATOMY AND MECHANISM OF THE COLON.

Granville S. Hanes, M. D., Louisville, Ky.
(American Proctologic Society)

The entire length of the large bowel in situ is found to be much shorter than when it is dissected from its attachments. An ordinary thirty-inch colon tube has sufficient length to extend around the lumen of the large bowel to the cecum. While this has not been done in the living individual it has been done in the cadaver, and radiographs of the same are on record.

It is almost universally believed that ordinary flexible colon tubes can be manipulated in such a way as to traverse the entire course of the large bowel around to the cecum. It has been proven by a number of investigators that such an achievement is impossible in the normal bowel. The average length of the sigmoid is about eighteen inches, and this being a floating portion of the large gut it is almost impossible for an instrument to pass beyond the middle half of the sigmoid. Should such be possible and the tube enter the descending colon, it would be a physical impossibility for it to pass either the acute angle at the splenic

flexure or the hepatic flexure. The failure of instruments to pass high into the bowel has been demonstrated by X-ray pictures.

Dr. Hanes demonstrated the difficulty in passing any instrument through the hepatic and splenic flexures by introducing a thirty-inch, No. 20, French, soft rubber catheter into the caput coli in an old appendicostomy case. He failed by any kind of manipulation to pass the catheter through these flexures. The tube was allowed to remain in the head of the colon for twenty-four hours with the hope that peristalsis would carry it around, but this failed. After manipulating the second time three hours later four inches of the catheter appeared through the anal opening.

He forced bismuth solution into the head of the colon till the wall of the gut was thoroughly distended and then Dr. E. Bruce made a skiagraph. No regurgitation into the ileum occurred. This experiment was repeated a number of times with the results as above given. If the ileo-cecal valve allows no reflow into the ileum then exceedingly large amounts of water injected into the bowel are retained in the large gut, and not a part of the amount passed into the small bowel as is supposed by some.

In an old appendicostomy case, with the patient on the left side, coal-oil was poured into a colon tube that had been introduced three inches into the rectum. In six and a half minutes the oil was flowing out of the appendicostomy opening. The amount employed was thirty ounces. This clearly demonstrates that liquids will easily pass around the entire colon without flowing through a tube. The point is also made that coal-oil is much less irritating to the mucosa than plain water or ordinary aqueous solutions.

The capacity of the large bowel in situ was measured by temporarily closing the opening of an appendicostomy case and allowing coal-oil to flow into the rectum as long as the patient could tolerate it. At a later date the same experiment was made by allowing oil to flow into the head of the colon. About the same amount of oil was received in each case. After making the same experiments in other cases it was decided that the average large bowel had a capacity, varying between fifty and sixty-four ounces.

The capacity of the rectum was ascer-

tained by inverting the patient and placing a colpeurynter at the junction of the sigmoid and rectum, just within the sigmoid. The colpeurynter was then distended with air until no fluid could pass into the sigmoid. Coal-oil was allowed to flow into the rectum till no more could be received. It was then drawn off with a catheter and the average amount was found to be between fourteen and seventeen ounces.

He insists that the inverted position (Hanes) is much to be preferred by both patient and operator when any kind of illuminating instruments are to be employed in the rectum or sigmoid.

Auricular Fibrillation. According to MacKenzie (International Clinics), from 60 to 70 per cent of all cases of serious heart failure met with in practice have to do with auricular fibrillation; that is, irregular twitching of the muscle fibres of the auricles. Rheumatic or senile organic change in the muscles is the usual underlying cause, excessive physical effort acting as an exciting factor. Diagnostic features are marked irregularity of the pulse (usually more rapid), considerable enlargement of the heart, and absence of a normal auricular wave in a tracing of the jugular vein. In most instances the condition persists for the remainder of the patient's life. When there is evidence of heart exhaustion, daily effort should be diminished. Digitalis is the sovereign remedy, from one to two drams of the tincture in divided doses daily, according to the urgency of the symptoms till the pulse has been reduced to 70 beats per minute. Then the drug should be stopped for a few days, and resumed in small doses when the rate begins to increase.

Clinical Society of New York Polyclinic
Medical School and Hospital.

A CASE OF ADVANCED CARCINOSIS— PROLONGATION OF LIFE BY OPERATION.

(Presented by Dr. C. A. Frink).

Dr. Frink presented a case of a woman, 48 years of age, widow with three children, one miscarriage. Her family history showed longevity on both sides. Her husband died of phthisis 26 years ago. She had one previous attack of appendicitis. Seventeen months ago, patient had attacks of what she called indigestion, with constant pain behind the sternum, and vomiting. Never vomited blood, but noticed that food taken several days previously appeared in the vomitus. A diagnosis by her physician was made of "nervous dyspepsia." She lost weight and strength and the vomiting increased. No lung symptoms were present. On entering the Polyclinic Hospital she could not retain food, and she showed a

stenosis of the pyloric valve. She was very emaciated, skin dry, and no adipose tissue at all. Laboratory findings: Blood, a secondary anaemia; sputum, negative; the X-ray was unsatisfactory. Stomach contents showed presence of lactic acid, no free HCl, or Boas bacilli. Urine, normal.

Examination of the abdomen showed a mass the size of an orange, situated over the pyloric valve. Operation, December 4, 1908, by Dr. Bainbridge, who did a retrocolic gastrojejunostomy. The inoperable mass with its enlarged glands, which about closed off the pylorus, was not touched.

Subsequent history: June 11, 1909. The patient returned with her first trouble since operation. Vomiting after food. She otherwise continued in good health, until the spring of 1911. In May of this year she showed signs of infection by tubercle bacilli, and in July tubercle bacilli were found in the sputum. The patient died of pulmonary tuberculosis on August 6, 1911.

Conclusion: The history of this case emphasizes the importance of operating on cases of cancer that do not appear from the clinical findings to be good surgical risks. This patient was a poor surgical risk, so far as there being any chance of curing her condition by operation. Nevertheless by doing all in our power, she was able to return to her home and family, enjoying good health, eating and sleeping well, and she gained over 15 pounds in weight. Two and one-half years after operation she died of a condition entirely independent of her former trouble. We feel that through surgical intervention we prolonged this woman's life, making her a useful member of society for this additional time.

Dr. John A. Wyeth said he considered it the duty of a surgeon to take any and all risks, regardless of what might be the result on his reputation or statistics, when the patient is in such a state that the conditions seem absolutely hopeless, and death seems imminent, no matter whether the patient dies on the table or not. If in the judgment of the conscientious surgeon, there is a possibility of contributing to the patient's comfort, lessening his discomfort or prolonging his life, it is his duty to undertake the operation. One of the severest criticisms I could make about any man is that he would not undertake a case if he thought the patient would die.

Dr. Bainbridge said that at the time of operating on this case he had met the conditions exactly as Dr. Wyeth had described. The patient had consented, knowing full well her serious condition, and had never ceased to be grateful for her prolonged life. She seemed particularly discouraged in not being able to survive the phthisis, when she had been relieved of the stomach condition, which seemed to her to be so much worse.

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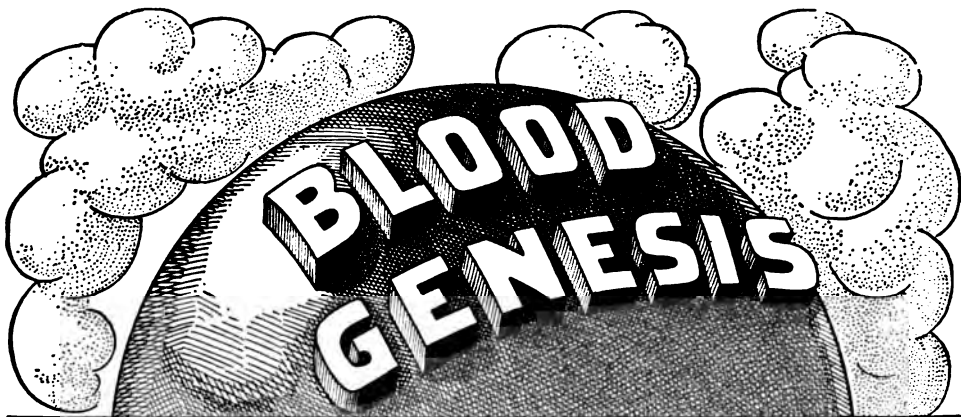
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PUBLISHED MONTHLY BY

THE MEDICAL TIMES PUBLISHING COMPANY.

Subscriptions, \$1.00 per year, in advance.

Single Copies, 15 cents

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DIAGNOSIS AND TREATMENT OF CEREBRO-SPINAL MENINGITIS.

All Federal health reports issued during the past three months lay special stress upon the widespread prevalence of cerebro-spinal meningitis in the United States.

While the infection seems to be sporadic in most sections, the Southwest, and in particular the State of Texas, is combatting a genuine epidemic, which has already extended beyond its borders and involved practically the entire commonwealth of Oklahoma. The infection has also been carried to Kansas City, where 19 cases were reported for the week ending March 23.

The close commercial relations existing between Colorado and Texas, and the very considerable northward exodus at the opening of the heated term from Dallas, Fort Worth, Waco, San Antonio and other points in the epidemic zone, renders Denver, Colorado

Springs and tourist centers generally in this State, peculiarly liable to infection by carriers, a mode of transmission which recent investigation has shown to be unusually common. As a matter of fact, three fatal cases of cerebro-spinal meningitis, in which the diplococcus of Weichselbaum has been clearly shown as the infective agent, have been reported from Denver hospitals the past six weeks. One of these was an imported case from Florence, Colo.; the others, a baby of six months, and a man of 38, had been continuously in the city for a period of much in excess of the maximum incubation interval. In at least two of these invasions the diagnosis was not made until late in the disease, when even the so-called specific treatment proved inadequate to stay its progress.

It is apparent, therefore, that we have one or more active foci already established, which may or may not persist until the winter season, when epidemic

meningitis finds conditions especially favorable for its spread. It is equally patent that practitioners everywhere throughout the Rocky Mountain region should be on the qui vive for evidences of this infection, to the end that both the patient and the public may profit fully by the prophylactic and therapeutic measures science has recently developed.

From the comprehensive precis of Frost, based upon the work of Netter and Debre (*La Meningite Cerebro-spinale*), the following data relating to the diagnosis and treatment of cerebro-spinal meningitis are abstracted:

These investigators insistently call one's attention to the fact that in meningitis due to the meningococcus, the prospects of cure held out by specific treatment are directly proportional to the readiness manifested in its employment. They also lay special stress upon the need here of prophylaxis, which may be safely ignored in meningitis due to other causes.

The diagnosis can only be made with certainty by demonstration of the meningococci in the cerebrospinal fluid, obtained by lumbar puncture under rigid asepsis. A portion of the sediment is spread on clean glass slides, fixed by heat and subjected to Gram's strain. If the organisms present decolorize by Gram and occur within the cells, a positive diagnosis may be made. If, on the contrary, the diplococcus is Gram positive we are dealing with a meningitis whose origin is probably pneumococcal. Clinically these conditions cannot be differentiated.

Once the diagnosis has been made—and an early one is imperative—anti-meningococcal serum should be employed, the dosage and number of injections depending upon the case. As a rule, the amount of spinal fluid withdrawn will vary from 10 c.c. to 100 c.c., and the quantity of Flexner's serum returned should approximate the quant-

ity of fluid released, except when the latter escapes under great pressure.

Sophian's plan of regulating the dosage by the blood pressure index seems logical and is certainly an advance over former methods.

All observers agree that repeated injections are necessary, Netter and Debre recommending a full dose every 24 hours for three or four days, and subsequent injections only when the clinical features seem to warrant them. Of 100 cases treated in this manner 28 died, while of cases treated without the serum the percentage mortality was 49.

Hygiene.

IN RE SALVARSAN.

An unfortunate accompaniment of every great medical discovery is the unreasonable faith as to certainty of cure generated in the minds of the general public. So it was with Kock's tuberculin and so it is with Ehrlich's "606." This last remedy has been so exploited in and out of season that a great many syphilitic patients demand the treatment and expect to be cured with a single injection thereof.

The belief of Ehrlich that one full dose of salvarsan would kill all the spirochetes in the body, constituting his *therapia sterilisans magna*, has proved unfounded, at least in the great majority of instances, and syphilologists are generally agreed that the use of arsenobenzol should be alternated with the administration of mercury in some form. Thus Lydston affirms (*American Journal of Clinical Medicine*) that while salvarsan is a most valuable symptomatic and emergency remedy in syphilis, yet it is not wise to rely upon salvarsan alone. He says that relapses are more frequent after an apparent cure by salvarsan than after an apparent cure by mercury, and that his experience with salvarsan has not changed his opinion as to the necessity of a prolonged course of treatment for syphilis.

Salvarsan mummifies the tissues, and is specially destructive to the skin and cellular tissues; but suppuration and necrosis are rare, since the injured structures usually remain aseptic. Oily suspensions lessen the destructive effect of arsenobenzol and are probably best for intramuscular injections. As Cutler says (*Cleveland Medical Journal*), deep intramuscular injections cause more local reaction than intravenous ones, and do not take effect so quickly, but have more lasting results. The idea that intravenous injections are very rapidly eliminated from the system, however, is erroneous, since arsenic can be isolated from the urine for months after a single intravenous injection. Professor Gaucher, of the St. Louis Hospital, Paris, noted over 60 per cent of recurrences following from three to six full doses of salvarsan, and he adds that the new remedy "should be considered a cicatrizant, not a cure." We can not doubt that the cicatrizing effect of intravenous injections upon the delicate lining of the heart and blood vessels will be much more seriously injurious in the end than the same hardening action upon muscle and connective tissue.

To compare the relative curative effects of salvarsan and mercury, the conclusions of the masters are mostly in favor of the latter. In his recent series of tests with his spirochetal emulsion (luetin), Noguchi found that half again as many cases which had been treated with salvarsan alone responded to this reaction for present syphilis, as did the patients who had been treated only with mercury. E. C. Henry, reporting from the Berlin clinics (*Western Medical Review*, Dec., 1911), says that the practice there is to give small doses of "606" three times a week for a month, always following with injections of mercury for six weeks. Even with this precaution, they had a recurrence of the active disease in 20 per cent of cases. According to Henry, it

is the consensus of opinion in Berlin that "606" attacks those spirochetes only which are in the blood current.

Frederick S. Mason of New York (*February Medical Herald*), writes, "I may say that the general consensus of opinion among physicians in this city is that the "606" treatment is unreliable for the cure of syphilis in any stage, as recurrences after two, three and four injections are common. I give it to suppress acute primary and secondary symptoms of syphilis where patients are liable to infect others, or to control tertiary symptoms where mercury does not accomplish the desired result. Such cases are given 60 centigrams two or three times, at 15-day intervals, with mercury injections after two weeks. If a Wassermann is negative in six months, the mercury is renewed, with a like Wassermann and three months renewal of mercury in the second year, when the disease is probably under control."

Wm. B. Trimble of New York (*International Clinics*) also advocates giving arsenobenzol until the Wassermann test is negative, and then putting the patient on mercury. The Wassermann test, however, should not be relied upon to the exclusion of common sense and open clinical signs, since this test often fails us in early and latent (only about 50% respond) syphilis, is interfered with by drinking alcoholics and, according to French (*Lancet*, New York Medical Journal), a positive reaction is obtained in 35 per cent of malarial subjects and is also present in many other diseases at times. It is a curious fact that in paresis the Wassermann reaction is sometimes negative before the administration of salvarsan and positive afterward.

That salvarsan is a wonderful symptomatic remedy cannot be gainsaid, and the heroic dose of arsenic (twice the minimum lethal dose) which it contains, has a marked tonic effect, as might be expected. The other side of

the shield, however, has not been so much revealed to the view of the medical profession. As Lydston remarks, "Accidents with salvarsan are more frequent than some would have us believe." Arsenobenzol has, no doubt, a comparatively limited legitimate place in cases of syphilis refractory to mercury, and in those patients for whom it is imperative that telltale cutaneous signs or contagious mucous lesions be abated at once. Quinin cures most malarial infections, the addition of arsenic curing the rest, and the same relation may be said to obtain between mercury and salvarsan in the treatment of syphilis. As Cutler says, "The worth of salvarsan as a valuable accessory to the already well known methods of treatment by mercury and iodids cannot be questioned. However, to consider '606' by itself as a cure for syphilis is erroneous and will be gravely detrimental to both patient and physician." Special contraindications to the use of "606" are serious and advanced disease of the cerebrospinal system, retinal degeneration and organic non-syphilitic disease of the heart or kidneys.

Since the downfall of the single dose cure hypothesis, practitioners everywhere have been looking for a method of administering salvarsan which should be safe, simple, certain and not too painful. Such a method, we believe, is presented by George K. Swinburne in the March issue of the *American Journal of Dermatology*. Briefly stated (his paper gives full details), he makes up and keeps in the light for repeated use a ten per cent emulsion of salvarsan in iodipin (iodized sesame oil), and injects 1 cc. (O. 1 gm. salvarsan) of this emulsion deep into the upper inner portion of the buttock, at intervals of 3 to 7 days, six of such injections constituting a full single course, three or four courses in all being given at longer or shorter intervals. He employs thorough, prolonged

massage of the part after the injection, thus preventing discomfort to a large degree. The injections are given at the office, and patients can go about their business as if nothing had happened.

FIAT LUX.

God pity the man who knows it all, or who is able to learn only from official sources! We may grant that the poet Pope gave politic counsel when he wrote:

"Be not the first by whom the new is tried,

Nor yet the last to lay the old aside." But, pray, if the new is not tried out by men of science, how can progress ever be made? 'Smug mediocrity, snugly ensconced in place and prestige, has always opposed innovations. When in 1843, in his paper on "The Contagiousness of Puerpal Fever," Oliver Wendell Holmes arraigned the prevailing views on this subject in America, his warning fell upon deaf ears. "The very men," (Hodge and Meigs), says Ilirst, "who should have most heartily welcomed the revelation, opposed the new doctrine with all their might, because it contradicted their teaching." A few years later Semmelweiss proved beyond doubt in the Vienna General Hospital the contagious nature of puerperal fever, and lowered the mortality there in two years from 11.4 to 1.27 per cent by having the attending students wash their hands in chlorin water. "But he got for his pains nothing but ridicule, contumely, opposition or indifference," and was finally hounded to insanity and death because he would not keep silence in the face of the dreadful assertion that death in the puerperium was the "act of God."

When James Young Simpson, the introducer of chloroform in surgery and obstetrics, was censured for interfering with that order of the spiritual world which ordained to Eve, "In sorrow shalt thou bring forth children," he gave the retort courteous by referring

his clerical critics to the passage of the scriptures reading, "And the Lord caused a deep sleep to fall upon Adam." Even Lister, who has just died, was not free from the stings of narrow-pated wasps and hornets. As Wetherill recently remarked in his eloquent appreciation of Lister before the county medical society, "He was shunned as a heretic in his own university."

Of all obstacles to the progress of new ideas and methods, the greatest is that lazy indifference, euphuistically termed conservatism, with which we are all more or less afflicted. The metric system, launched during the first French revolution, and vastly more simple and logical than the old English measure methods, has hardly as yet gained a foothold among our public at large. Spelling reform, so badly needed, must come, it appears, only on the installment plan—"a little at a time." It is so much easier to decry the propositions of others than to change our own opinions. As Elbert Hubbard puts it, "If a man is not up on a thing, he is apt to be down on it."

"Can any good come out of Nazareth?" Much prejudice against new departures rests more upon the manner of their presentation and their vulgar associations than upon their intrinsic merit or demerit. "Medicine," said Holmes, "learned from a monk how to use anatomy, from a Jesuit how to cure agues, from a friar how to cut for stone, from a soldier how to treat gout, from a sailor how to keep off scurvy, from a postmaster how to sound the Eustachian tube, from a dairy-maid how to prevent smallpox, and from an old market woman how to catch the itch insect." The eclectics have called our attention to some of the most valuable native medicinal plants. Homeopathy has undoubtedly tended to mitigate the heroic dosage of our grandfathers in medicine. Moreover, as Cabot remarked a few years ago before the Colorado

State Medical Society, vaccine therapy is homeopathy pure and simple. Osteopathy has, we think, aided in bringing out an understanding of that most common form of backache, sacroiliac strain. Last, but not least, "Christian Science" has impressed us thoroughly with the magical virtues in appropriate cases of massive doses of "wind pie."

Your so-called savants are about the last to learn anything new. They prove that the earth must be flat—and Magellan's ships sail around it. They show how impossible it is for a heavier-than-air machine to fly—and the modest Wright brothers give them an object lesson to the contrary. As Darwin's great rival, Alfred Russel Wallace, once wrote, "The whole history of science shows that whenever the educated and scientific men of the age have denied the facts of other investigators on a priori grounds of absurdity or impossibility, the deniers have always been wrong."

The term chiropractic comes from the Greek word *cheir*, meaning hand. In the broad sense, it seems reasonable that the hand should be useful in treatment as well as in the diagnosis of diseases. Probably the fullest exposition of the subject from a scientific and medical standpoint, is Albert Adams' book on "Spondylotherapy." The theory of chiropractics may be all wrong and yet the practice do good in a considerable percentage of patients. The fact that many mushroom schools of chiropraxis turn out every few months a husky horde of farmhands and horse-shoers who know nothing of the diagnosis of disease, should not blind us to the possibilities of spinal manipulations in a certain number of appropriate cases. The only way to prove or disprove the value of such methods is to fairly try them.

In the present issue of the Denver Medical Times we are pleased to present a carefully written paper on chiropractic methods by Dr. John M. Shal-

ler. Dr. Shaller is a regular physician of 34 years' experience. He was professor of physiology, histology and clinical medicine in the Cincinnati College of Medicine and Surgery for over twenty years, and is author of the well known "Guide to Alkaloidal Medication." We do not know whether he is

right or wrong in his views, but are convinced that he honestly thinks what he writes, and we commend his article to the thoughtful perusal of all our readers who are looking for more light, whatever may be the source of illumination.

PERSONALS

Dr. W. C. Kent has purchased a new Ford car.

Dr. H. C. Haeseler is the new mayor of Georgetown.

Dr. Hamilton of Greeley was a recent visitor to Denver.

Dr. O. S. Fowler has returned from a visit in the East.

Dr. C. C. Keeler made a flying trip to Moline, Ill., in April.

Dr. Walter Morrill of Pueblo was visiting in Boston during April.

Dr. F. A. Sutorius has been appointed health officer of Florence.

Dr. S. Fosdick Jones has been down with an attack of typhoid fever.

Dr. L. C. Blackmer has been elected mayor of Steamboat Springs.

Dr. and Mrs. J. W. Harris will leave Denver for Europe, May 28th.

Dr. A. B. Poppen has removed from South Denver to Muskegon, Mich.

Dr. Harry Cohen of Wray, Colo., visited Denver the latter part of April.

Drs. Cole and Kennedy have opened up a general hospital at Yampa, Colo.

Dr. and Mrs. Merle Smith have gone on a vacation to Southern California.

Dr. G. S. Matthews and family have removed from Boulder to Fort Collins.

Dr. and Mrs. Wm. S. Bagot are expected home in Denver about the first of May.

Dr. Edwin Lewis of Sedgwick made a pleasant call at the sanctum, April 22nd.

Dr. H. S. Finney has removed from the Symes building to 428 Majestic building.

Dr. A. W. Row is taking a post-graduate course at the University of Pennsylvania.

Dr. and Mrs. Louis Hough have returned to Denver from a fishing trip in Wyoming.

Dr. J. F. Elliott, who was operated on for gall-stones, is reported as entirely recovered.

Dr. T. M. Burns is making a good race for alderman of the Tenth Ward on the Citizens' ticket.

Dr. J. W. Purcell is a candidate for coroner of Denver on the "triple reform" ticket.

Dr. D. G. Monaghan was operated on for appendicitis at St. Joseph's Hospital, April 26th.

Dr. P. J. Pothuisje was called to Salt Lake City professionally, the second week of April.

Dr. A. J. Argall has taken offices with Dr. Wm. Wiley Jones at 668 Metropolitan building.

Dr. George L. Hoel has returned to Fort Collins from California, much improved in health.

Dr. and Mrs. Clinton A. Downs of Colorado Springs are visiting relatives in Brooklyn, N. Y.

Dr. W. W. King of Cripple Creek was recently called to Canton, O., by the death of his father.

Dr. Jessie Stubbs has returned from Topeka to her home in La Junta, much improved in health.

Dr. Hugh L. Taylor and family have returned to Denver, after ten weeks of recreation in California.

Dr. and Mrs. Byron B. Blotz of Rocky Ford are now occupying a handsome residence of their own.

Dr. and Mrs. H. O. Dodge have returned to Boulder from their winter residence at Ocean Springs, Miss.

The well known dentist, Dr. Howard T. Chinn, is running for assessor of Denver on the Republican ticket.

Drs. McHugh, DeArmond and Atkinson attended the Medical Clinics in Denver on March 29th and 30th.

Dr. George W. Morse has removed to Dragon, Utah, where he has already entered upon a lucrative practice.

Dr. C. Kennedy of Yampa, Colo., and Miss Epperson, a well known nurse of Denver, were married last month.

Dr. W. F. Singer has purchased a handsome seven-room residence in the 100 block on West Ninth Street, Pueblo.

Dr. Charles Jaeger and family will leave Denver about the middle of June for a four-months' pleasure trip in Europe.

Dr. Wm. M. Robertson has been renominated as supervisor of Dencer city and county on the Republican ticket.

Dr. George Roehrig and Miss Grace Roehrig sailed from Boston, April 27th, for a four-months' sojourn in Europe.

Mr. W. P. Horan, the present efficient incumbent, has been nominated for coroner of Denver on the Democratic ticket.

Dr. Reynolds of Ni Wot died at his home, March 23rd. We understand that Dr. Smith of Denver has succeeded Dr. Reynolds.

Dr. Charles D. Spivak attended the South-western Tuberculosis Convention held in Waco, Texas, the middle week for April.

Dr. Jenette H. Bolles has been appointed a member of the State Board of Medical Examiners, representing the osteopaths.

Mr. A. T. Stewart of Pueblo has been chosen president of the State Insane Asylum board, and Dr. Louis Hough of Denver, secretary.

Dr. Thomas J. Gallaher entertained nearly two score of his medical friends at a dinner at the University Club on the evening of March 30th.

We are pleased to note that Dr. Madison J. Keeney of Pueblo is about recovered from the severe illness which confined him to St. Mary's Hospital.

Dr. L. M. Giffin has resigned as superintendent of the Boulder hospital connected with the State University. Dr. W. W. Reed succeeds to the position.

Mr. E. L. Scholtz has been re-elected president of the Denver Retail Association. Mr. George W. Gano is secretary; Mr. George Collison, treasurer.

According to Health Commissioner Sharples, there were 193 fewer deaths in Denver the first three months of this year than during the first quarter of 1911.

Professor Ira Remsen has resigned the presidency of Johns Hopkins University, in order that he may engage in the more congenial work of scientific research.

Dr. Wm. C. Bane read a practical paper upon "The Abortive Treatment of Acute Matoiditis," at the second April meeting of the Denver County Medical Society.

Dr. W. G. Lockard of New Castle has been elected president of the Garfield County Medical Society. Dr. J. Clyde Smith of Glenwood Springs was chosen secretary.

Dr. Oliver Ebert was found murdered on his homestead claim, 27 miles from Grand Junction, on the 17th of April. An escaped convict is suspected of being the murderer.

Dr. O. S. Fowler read a paper on "Intermittent Hydronephrosis" before the last meeting of the American Urological Association, which was held in New York City.

Dr. John Herr Musser, professor of clinical medicine in the University of Pennsylvania, died suddenly from heart disease at his home in Philadelphia, April 3rd, at the age of 55.

Our associate, Dr. Elmer E. Bartelt of Lamar is "laying off" from work during April and May. He has undergone a serious surgical operation at St. Joseph's Hospital, Denver.

Dr. A. P. Busey, for twelve years superintendent of the State Insane Asylum at Pueblo, has been offered the position of superintendent of the new state home for the feeble-minded at Arvada.

The medical department of the State University in Denver has inaugurated a clinic for defective school children, under the supervision of Dr. George E. Neuhaus. It is an altruistic innovation worthy of all praise.

Our associate editor, Dr. John F. McConnell, was united in matrimony to Miss Edith D. Fowler, at St. Mary's Church, Colorado Springs, April 11th. They are now on a two-months' honeymoon trip on the Mediterranean.

Drs. Sewall and Childs gave a lecture and demonstration upon "A Comparison of Physical Signs and X-Ray Pictures of the Chest in the Diagnosis of Incipient Tuberculosis," at the second April meeting of the Denver County Medical Society.

The Baptist Tuberculosis Association have taken out incorporation papers in Colorado, with the intention of building a large sanatorium here, to be supported mainly by annual 10-cent subscriptions from the five million Baptists in the United States.

According to S. Poulterer Morris, executive secretary of the Rocky Mountain Public Health Association, there are 12,775 consumptives in Colorado, about one-tenth contracting the disease here. The number of deaths from tuberculosis last year was 1,640.

Dr. Leonard W. Ely entertained a number of his young medical friends at a stag dinner, given at his residence on the evening of April 26th. The artistic tastes of the guests were also gratified with sweet music discoursed by the hostess, Miss Betts, Dr. Whitman and others.

Mrs. J. A. Lawson, wife of Dr. Lawson of Rocky Ford, died in that city after a prolonged illness, on Wednesday, April 10th. Mrs. Lawson was an unusual woman in her love of the real and true and had a large circle of warm friends. The body was taken to Winterset, Iowa, for interment.

Dr. H. W. Kirby of Georgetown, one of our valued associate editors, has been appointed to the State Board of Health by Governor Shafroth. He succeeds Dr. B. F. Wooding, who was removed from the board last October. The Governor made no mistake in making this appointment.

Dr. Fred J. Wurtele, 606 Metropolitan building, has leased the Fernhill Sanatorium at Edgewater, and will conduct it as an institution for the reception and treatment of pulmonary and surgical tuberculosis in all stages. The sanatorium will be open to the patients of other physicians.

Dr. J. W. Amessee will represent the Colorado State Medical Society as authorized delegate to the next meeting of the State Medical Association of Texas, which will meet at Waco, May 7, 8 and 9, 1912, and will read a paper on "The Responsibility of the Physician in the Conservation of Child Life."

The 14th annual meeting of the American Proctologic Society will be held at the Hotel Chalfonte, Atlantic City, June 3-4, 1912. Dr. John L. Jelks of Memphis is president of the association. Dr. Lewis H. Adler, Jr., of Philadelphia, is secretary-treasurer. The profession is cordially invited to attend all meetings.

Dr. E. Stuver lectured on "The Young Man's Problem" to a large and appreciative audience of the School of Agriculture on Friday morning, March 15th. On March 29th, he delivered his lecture on "Influence of Stimulants and Narcotics on the Development and Health of the Body" in the same place. (College Chapel).

Dr. E. C. Schroeder, the U. S. Department of Agriculture expert, who has proved beyond doubt that bovine tuberculosis does

cause tuberculosis in human beings, preventable by pasteurization, is representing the government, by appointment of President Taft, at the Seventh International Congress Against Tuberculosis, in Rome.

Dr. Samuel Grabfelder, president of the Denver National Jewish Hospital for Consumptives, contemplates the early erection of a research laboratory in this city, with the end to find, if possible, a direct cure for tuberculosis. In this philanthropic enterprise he expects to have the advisory aid of Dr. Simon Flexner of the Rockefeller Institute.

On March 30, 1912, there was unveiled in the medical building of the University of Pennsylvania a handsome gilt bronze medalion, in honor of Dr. Crawford W. Long, who was the first to use ether for anesthetic purposes, March 30, 1842. Dr. Long was all his life (1815-1878) a hard working country doctor, of the highest type mentally and morally.

Dr. J. W. Amessee gave a very interesting and instructive balopticon talk upon the hookworm disease before the Denver County Medical Society, at the second April meeting. Six million Americans are now suffering from this disease, each one curable (unless in the last stage) with five cents worth of thymol.

The first good fellowship lunch of the Denver County Medical Society, held at the Savoy on the 9th of April, was attended by 75 members, all of whom appeared to enjoy the occasion. Mr. Harry E. Kelly was the chief speaker at the lunch and gave a good rendition of Kipling's "Sons of Martha and Sons of Mary." Drs. Hall and Wetherill added their mite of fun. The idea of a monthly good fellowship lunch is the conjoint product of the brains of Drs. Davis and Wilkinson, and is to be commended.

MEDICAL SOCIETY NOTES.

The Otero County Medical Society met at La Junta, Tuesday, April 9th. J. F. Kearns was made president pro tem. Twelve members were present. A paper of unusual interest was read by Dr. Wm. Senger of Pueblo. Subject, "Medical Aspects and Surgical Indications of Enlarged Thyroids." Discussion of the paper showed that it was one which interested all. A vote of thanks was extended Dr. Senger. The next monthly meeting will be held in Rocky Ford.

L. P. BARBOUR, Sec'y.

FOREIGN JOURNALS

(Translations by Dr. Joseph Cuneo.)

Denver, Colo.

Syphilitic Reinfection After Having Been Treated With "606."—M. Millan presents a patient infected by his wife, previously treated with "606." When the Wassermann reaction became negative the patient left the hospital and was infected the second time by his wife, presenting a chancre of an unquestionable nature. This is the fifth case of similar character that has come under the observation of M. Millan. (*Le Progres Medical*, Paris, March 2, 1912).

Bacteriology and Serum.—Observations concerning the pneumococcus—Preservation of the virulency of the human pneumococci injected into the mouse; by Charles Thuche and L. Coton. (*Annales Pasteur Institute*, 1, 1912)—Some pneumococci of animal origin, by M. Grenier. The pneumococcus is not so sensitive as it is generally considered. The best mode of procedure consists in putting it on ice in gelatin. Preserved on ice and propagated every month, the pneumococci maintain their full and entire virulency not only, but they also preserve their vitality and virulency on ice for two years, without being affected. (*Le Progres Medical*, Paris, March 2, 1912).

Experimental Study of Acute Poliomyelitis; by Landsteiner, Levaditi and Pastia. (*Annales Pasteur Institute*, 1911).

This memoir completes the preceding researches of the authors. They studied the resistance of the virus by desiccation and found, according to Flexner's and Lewis' researches, that the virus makes its way through the pharynx, and that consequently the resistance would play a prominent part in the propagation of the disease. The virus, when rapidly desiccated, may maintain its activity for 24 days. It remains virulent for 202 days in glycerin on ice. In milk or water, it resists one month at the room temperature. Bile and brain extracts have no neutralizing action. The anti-rabic serum of the sheep has no action on the virus of poliomyelitis. The rabic virus resists the anti-poliomyelitis serum. The cross-wise methods of vaccination give analogous results. Such results permit the differentiation of the virus of poliomyelitis from that of rabies. (*Le Progres Medical*, Paris, Mar. 2, 1912).

The Abdominal Crises of Gouty and Oxalamic Subjects, by Prof. M. Loeper, Paris.—The gastro-intestinal symptoms of gouty individuals have been very much discussed. Prof. Loeper divides them into two classes—acute and sub-acute attacks, affecting either the stomach or the intestine, or both together at the same time. Acute attacks may consist of gouty gastritis, with painful distension of the stomach; acute dilatation, with vomiting, cold sweat, and a tendency to syncope; spasmodic colics, painful diarrhoea, neuralgia, rather suggestive of those of lead poisoning, tabes or abdominal arterio-sclerosis. Sub-acute attacks consist of symptoms of sensitivo-motor dyspepsia, pain, alternating constipation and diarrhoea, spasmodic intestinal pains, atony of the alimentary canal, and even repeated evacuations of mucus. These attacks seldom affect the stomach, but the intestinal form is more frequent and Prof. Loeper records a very typical case of what he terms "crise enteralgique diarrhelique," and another of "spasmodique or mucorrhelique" attack. Besides these acute forms, there are minor forms resembling gastro-intestinal dyspepsia, the diagnosis of which is always confirmed by a consecutive attack of gout. Prof. Loeper holds that these attacks are due to the action of the gouty toxins, of oxalic acid on the solar plexus, and its irritation causes pain, either with diarrhoea, spasms or paralysis. Therefore the abdominal attacks of gouty individuals are, or at least may be considered as attacks of toxic coeliagia. (*Progres Medical*, Oct. 28, 1911).

Treatment of Diabetic Coma, by Dr. Blum, privat-docent, Strasbourg. An effective treatment of diabetic coma must realize three essential conditions: 1. Neutralize the acids and promote their elimination; 2. Help to re-mineralization of the system and to establish the proper balance of the mineral constituents of the blood; 3. Prevent the vaso-motor weakness which is common to all forms of coma. The food must contain neither albumen nor fat; 1 or 2 pints of milk may be taken as well as 4 or 5 oz. of glucose per diem; champagne or brandy *larga manu*; sodium bi-

carbonate, 1 or 2 drachms, every 2 hours, until the urine becomes alkaline; vaso-motor and cardiac stimulants (Ringer's solution with a little adrenalin.) (*Progres Medical*, Nov. 4, 1911).

On the Mechanism of the Action of the Principal Diuretic Agents, by Prof. A. Mayor, Geneva. An efficient diuresis must realize two conditions: It must promote the evacuation of fluids and the evacuation of poisons. Two classes of diuretics must therefore be considered, and Prof. Mayor strongly objects to the common tendency of some physicians who consider only one kind of diuretics, the "vascular diuretics." As to the elimination of fluids, Prof. Mayor divides edemata into two main classes: according to whether their origin is mechanical or osmotic. The first ones must be treated by digitalis, strophanthus, squill, potassium salts or chlorid of calcium. The second form of edema (osmotic) must be treated by xanthic diuretics, like caffeine, theobromin or theophyllin, which have the great advantage of preventing further resorption of sodium chloride; if the kidneys are too irritable, urea or lactose may be prescribed. As to the elimination of poisons, proper diet, large doses of water, either plain water or mineral waters like Evian or Vittel, serum injections, large enemata, massage and baths are the most effective means. (*Progres Medical*, Nov. 11, 1911).

Gout and Its Treatment By Radium Emanation, by Prof. W. His, Berlin. After discussing the various meanings of the word "gout," Prof. His holds that this term must be restricted to a morbid entity characterized by disorders in the metabolism of nucleic substances and by the presence in the blood of uric acid, this uric acid being independent of the patient's diet. In doubtful cases the diagnosis must be confirmed by an analysis of the patient's blood. Inhalation of radium emanations, namely of alpha and beta rays, have given Prof. His excellent results, which he has always confirmed by a careful examination of blood and urine. Out of 49 patients, 37 have lost all their excess of uric acid after an average of 25 seances; 9 had no result, and the 3 last ones had regained perfect health, although they had not lost their uric acid. The 37 successful cures seem to be definitive, uric acid having not reappeared in the blood after several months, and even in one of them after a year and a half. This extremely interesting article is full of practical points about the various apparatus required, and Prof. His' keen clinical sense will be greatly appreciated by the readers. (*Progres Medical*, Nov. 18, 1911).

A. E. E. Reboul, M. D., "*Medecin aux eaux de Chatel-Guyon*," L. R. C. P. & S., Edin., etc., Fellow of the Royal Society of Medicine.

BOOKS

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Vol. 1, No. 1. Octavo of 133 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1912. Published bi-monthly. Price per year: Paper, \$8.00; cloth, \$12.00.

The idea of these clinics is a splendid one. The only criticism to be offered is that they should be edited. Very few of us care that Dr. Murphy had a cold on a certain day. Facts of this kind could be omitted from the published record without detracting from the real value of the work. The first number is a little disappointing. So many subjects are considered and so many facts not mentioned because of lack of space and time. This will be remedied as more volumes are published. It will then be possible to read in half a dozen numbers what is said about one thing—

and the material given in half a dozen numbers will undoubtedly be ample.

The table of contents reads as follows: Carcinoma of the Breast, Lipoma of the Shoulder, Varicocele, Nerve Anastomosis, Salvarsan, Cystadenoma of the Beeast, Pelvic Tumor, Exploratory Laparotomy, Fracture of the Patella, Blood Clot in the Bladder, Tuberculosis of Right Kidney, Charcot's Disease of the Hip Joint, Epithelioma of the Nose, Pelvic Tumor, Nerve Anastomosis (the musculo-spiral nerve), Duodenal Ulcer, Hydrops, Hemangioma of the Leg, Flistula in Auo, Arthritis of the Wrist Joint.

Text books become old so quickly, because our ideas are changing so rapidly, that a work of this kind is invaluable to every man who sees general surgical cases.

If this one number were all, it would not

be worth much; but to have such a number every two months will be of great value.

F. C. B.

A Compend of Genito-Urinary Diseases and Syphilis, including their Surgery and Treatment. By Charles S. Hirsch, M. D. Second edition; 74 illustrations. Published by P. Blakiston's Son & Co., Philadelphia, Pa.

Being a quiz compend, one finds just what he might expect, a "Multum in parvo," text, lists of formulae, instruments, questions, etc.

The little work covers all of Genito-Urinary diseases and surgery together with syphilis. Those new subjects which are attracting the attention of the leading genito-urinary men, such as fulguration of bladder papillomata, urethro-cystoscopy, and renal function tests, are given due prominence. And in syphilis, the Wassermann and Noguchi tests, with a quite extensive chapter on Salvarsan from the point of administration, effect, permanency and comparative value with mercury, combine to make the whole quite up-to-date.

In a great many places the author does not speak in direct accord with some of the newer text books on this subject, and in many ways the student will be confused by the crowding of too much matter into too small space, not to mention frequent errors as to Latin terminations. But on the whole the book serves the student well, and it must be said that there can be found many ideas and suggestions of practical value to one experienced in the work and well read in the literature. For a second edition it seems to the reviewer that the work could have been more carefully revised, and not simply more new material added.

J. B. D.

A Manual of the Practice of Medicine. By A. A. Stevens, A. M., M. D., Professor of Therapeutics and Clinical Medicine in the Woman's Medical College of Pennsylvania. Ninth edition, revised. 12 mo of 573 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Flexible leather, \$2.50 net.

The Practice of Medicine, as its name implies, practically covers the whole field of Clinical Medicine. and in compiling a work of such stupendous scope the author's powers of concentration are severely taxed to give a clear, concise conception of the subject. It necessarily has to deal with every branch of medical literature, and the author, whose work is worth while, must have not only a wide and varied experience himself, but must also have so profound a knowledge of his subject, that he can sift from this voluminous literature the wheat and discard the chaff.

It will be readily seen then how difficult is the task to prepare a compend of the Practice of Medicine that will embody the salient, vital points and compile them in a lucid, practical manner. In Steven's Manual this difficult undertaking has been most happily accomplished. The general divisions are well arranged, and a comprehensive, scientific, up-to-date exposition of the subject is given. The student or busy practitioner will find in this little volume an exceptionally accurate, handy reference book, when they have not the time to devote to an exhaustive study of a particular subject.

J. H. M.

Surgery and Society. A tribute to Listerism, by C. W. Saleeby, M. D., F. R. S. Ed., Fellow of the Obstetrical Society of Edinburgh, etc. New York: Moffat, Yard & Co., 1912. (\$2.50 net).

This work is written by Saleeby as a tribute to the late Lord Lister (then alive), founder of the system of antiseptics as applied to surgery, and also as an acknowledgement for personal benefits received at the hands of the surgical profession. The development of modern surgery is traced from the discovery of anaesthesia to the present day.

Due credit is given Pasteur as the forerunner of Lister, and the system of asepsis following hard on the antiseptic era is described as it exists today. Holmes and Semmelweis are given honorable mention in connection with puerperal fever. Florence Nightingale, as founder of the modern system of nursing, is given full credit for the present efficiency of the surgical nurse.

The chapter which deals with alcohol in its relation to surgery is the most interesting in the book from the surgeon's standpoint. Physiological, pathological and clinical evidence is produced to demonstrate why alcoholics are poor risks medically as well as surgically, the defensive powers being lowered against the entrance and in the presence of infection. The closing chapters consider the medical insurance bill recently passed in Great Britain, and the changes likely to result therefrom in the practice of medicine.

A final forecast is given of the medical and surgical practice of the future. The book is written in an easy and interesting style, the technical terms being simplified to the vocabulary of the ordinary educated man, as its object is to reach the educationist and reformer, for whom, indeed, it was primarily written. It should also be in the hands of every clergyman as, if absorbed, it would broaden his horizon and give him an intelligent view of the field of surgery.

C. B. D.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart A. Hare, M. D., assisted by Leighton F. Appleman, M. D., March 1, 1912. Lea & Febiger, Philadelphia and New York. \$6.00 per annum.

The first number of the fourteenth volume of *Progressive Medicine* presents the usual invaluable digest of the literary expression of the advances in ideas and methods during the past year by medical workers the world over. Charles H. Frazier considers the surgery of the head, neck and thorax. John Ruhraeh gives a very full discussion of the infectious diseases, including acute rheumatism, croupous pneumonia and influenza. Of special interest are the sections on meningitis and poliomyelitis. Floyd H. Crandall contributes a concise review of the year's important articles on diseases of children. Rhinology and laryngology are ably covered by D. Braden Kyle, and otology by Arthur B. Duel. E. C. H.

International Clinica. A Quarterly of Illustrated Lectures and Especially Prepared Original Articles by Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia. Vol. 1, 22nd series, 1912. Price \$2.00. Philadelphia and London: J. B. Lippincott Co.

The twenty-one articles in this volume include several of noteworthy originality and timeliness. "The Treatment of Facial Paralysis with Special Regard to Nerve Frictions," by Edgar F. Cyriax, is one of these. "Sanitarium Treatment of Tuberculosis in Private Practice," by J. H. Mudgett, is another. Simon Flexner contributes a comprehensive paper on experimental poliomyelitis. Aspinwall Judd gives the technic for simplifying the operation for the radical cure of inguinal hernia. Occupational diseases are represented in an interesting article upon the sanitary conditions of coal mines, by Nat P. Brooks. Meyer Solomon writes at some length upon the science and practice of eugenics. The progress of medicine during the year 1911 is editorially treated by A. A. Stevens, Edward Watson and Lucius W. Johnson.

E. C. H.

Clinical Diagnosis. A Manual of Laboratory Methods. By James Campbell Todd, M. D., Professor of Pathology, University of Colorado. Second edition, revised and enlarged. 12 mo. of 469 pages with 164 text-illustrations and 13 colored plates. Philadelphia and London: W. B. Saunders Co., 1912. Cloth, \$2.25 net.

We are pleased to note the success which has been achieved by Prof. Todd's excellent work on clinical diagnosis—not only because of its intrinsic merit, but because the nucleus of the treatise was first published in the *Denver Medical Times*. In this second edition the text has been considerably enlarged, the additions including some noteworthy original work of the author. He has added a whole new chapter upon bacteriologic methods, and another upon the preparation and use of vaccines and tuberculin. The illustrations are exceptionally numerous and well selected, including quite a number of photomicrographs taken by Dr. Todd with a simple apparatus. Considering its size, the work is very complete, and it provides a thoroughly trustworthy and satisfactory laboratory guide for students and general practitioners.

E. C. H.

Hygienic Laboratory Bulletin No. 79, January, 1912. Digest of Comments on the Pharmacopocia of the United States of America and on the National Formulary for the Calendar Year Ending December 31, 1909. By Murray Galt Motter and Martin I. Wilbert.

This is the fifth of these digests, and is a complete and valuable compilation, bringing the material down nearly to date for the ninth decennial revision of the U. S. P.

The International Medical Annual—A Year Book of Treatment and Practitioner's Index. 1912. Thirtieth Year. Price, \$3.50. New York: E. B. Treat & Co., 440-442 Benezet Bldg.

Thirty years of constant growth and betterment have made the "annual treat" the most helpful of all single volume works of the kind which have ever been published. For new remedies and new applications of old remedies, for the latest critically presented papers on new treatment, instantly accessible and available for practical application, medical practitioners need only consult this book, which contains the gist of the world's progress in medicine during 1911. Of the 33 international contributors, five are American, the most prominent of these being John B. Deaver. The text is effectively illustrated with 113 figures and 36 beautiful full-page plates, a good many of which are in colors. If a general practitioner could purchase but one new book each year, we should advise him to buy this one.

E. C. H.

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DR. PINET, in "Le Concours Medical," May 14, '04.

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REPORTABLE DISEASES.

The Public Health Bulletin No. 45, dealing with the Reportable Diseases in the various States, says: Analysis brings out some interesting points. Perhaps the most interesting of these is the appearance of Venereal Diseases on the California and Utah lists, and syphilis alone in Porto Rico. Whether the reporting is enforced or not, the appearance in a State Law is suggestive.

THE STATE MEDICAL COUNCIL—HOW IT MAY BE MADE EFFECTIVE.

The by-laws of the Utah Medical Association "May be amended at any annual session by a majority vote of all the delegates present at that session, after the amendment has laid on the table for one day."

The President is declared to be the "real head of the profession of the State during his term of office, and as far as practicable shall visit, by appointment, the various sections of the State and assist the Councilors in building up the county societies, and in making their work practical and useful." Being also an ex-officio member of the Council—if his Council is anything more than an ornamental ex-crescence—he should be directly in touch with all the medical activities of the State during his year of office, but in Utah, under present conditions, the President stands alone, for his Council is non est, except for two or perhaps three compulsory meetings at the time when the annual session is being held. These meetings of the Council are compulsory because required by the by-laws, and it is only by making additional meetings compulsory that the inertia can be overcome. The President has received no inspiration from his Council, and as a matter of fact it has never attempted to represent itself, the Association or the members of the medical profession at large. It has never **outlined work for the ensuing year** as directed by the by-laws, and as a body has never suggested work for itself or the other members of the Association. As a result the Committee on Scientific Work, of which the Secretary is an ex-officio member, have year after year ignored the Council in the making up of the program for the annual session, although their advice and approval might well be sought. All committees should report and take instructions

from the Council, that body being representative of the House of Delegates when not in session.

The question is asked:

Is it for the best interests of the medical profession of Utah that they should be represented **throughout the entire year** by some central authority having general power to act in the name of the profession? From St. George in the South, to Tremonton in the North, the answer is, Yes. The profession, as a body, spread over such a wide area, cannot be cognizant of the various and shifting movements by public bodies, such as local health authorities and others affecting their individual interests and well being. Even if cognizant, the profession at large has no machinery whereby their wishes can be made known—no one authorized to appear for and speak on their behalf. The State Association provides this machinery, but its component parts with the Council as the central authority have never been brought into unison, and unfortunately, the Association does not include in its membership all practitioners in good standing.

Why is this?

Simply because it presents to the profession reasons for its existence which do not appeal to the majority. Many of them look for the legislative and executive results of combined efforts to advance the well being of the profession at large. We must show that the Association is capable of safeguarding the interests of its members and accomplishing results. The constitution and by-laws clearly indicate that the State Medical Council, with the President as a member, is designed to be not only an executive body, but a "watch dog" capable of safeguarding the interests of the profession. In this

State, however, the Council has failed to live up to its duties and responsibilities. It has complacently accepted the empty honor and allowed the Secretary to assume a "sort of an ownership or protectorate over" it. Doing this has been so much easier than meeting every few weeks and seriously taking into consideration the thousand and one questions affecting the rights and privileges of the members, the component societies, and last, but not least, the interests of the profession at large, one half of whom are probably outside of the Association in consequence of this neglect. Has the Council considered or asked itself why such a large percentage of the profession refuse to join and are in part more or less hostile to the associated body? In 1910 an effort was made to have the Council meet once in every three months. None of the meetings so directed to be held were officially called or held; inertia prevailed, and the requirement was gotten rid of at the 1911 session on motion of the Junior Councilor. No explanation is given for the failure to hold the four meetings during 1910-11, although some very important measures affecting the profession were brought up in the State Legislature and enacted into law without any consideration being given to them by the Council. It is for such reasons that our Legislators and the general public are not slow to appreciate the fact that the medical profession is a "negligible quantity." I confess my own failure whilst a member of the Council to appreciate or live up to the duties and responsibilities, as I now see them. We were all new at the work, we lived in different sections of the State, and we made little, if any, effort to get together. Our then Chairman did not call upon us to take up the work indicated in the constitution and by-laws, and as the Secretary relieved us of all trouble by not calling us together, we apparently assumed that "all was well."

What remedy is there for this apathy?

The by-laws should clearly define the duties of the several officers and provide for stated meetings during the twelve months intervening between the annual sessions of the Association and House of Delegates. There is a natural tendency to allow the Secretary to assume the work and responsibility, and only too frequently "both these bodies are prone to instruct the Secretary to do certain things, and then let the matter pass from their minds, either for the time being or for all time to come." This tendency is not so demoralizing where, as in the county societies, meetings are held every few weeks, but it is absolutely fatal to all effort and interest on the part of both officers and members, where, as in the State Association, the sessions are only held once in twelve months.

The extracts quoted from the by-laws in our last issue, show that they allow too much latitude. One or two men thinking more of the ornamental than the practical and useful side of the work, can block the efforts of those who have the good of the profession at heart, e.g., in the case of the Councilor and the member or delegate who seconded his motion to rescind the resolution instructing the Council to meet once in each three months. This apathy and desire to avoid work by those holding official positions can only be remedied by full and carefully worded amendments to the by-laws. Such amendments should be considered in detail by each County Society, and the delegates instructed to see that they are properly presented to the House of Delegates, and dealt with on their merits regardless of the time it may take. The amendments should be presented at the first meeting of the delegates and referred to a committee, who should be instructed to report at the next meeting, and as soon as the proposed amendments have laid on the table the required "one

day," they should be considered by the House and passed upon so as to be acted upon by the Association in the general meeting.

In order to bring the subject before each County Society, suggested amendments have been prepared to facilitate discussion. If the suggestions are threshed out by the County Societies, the House of Delegates can deal with them with but little loss of time.

The House of Delegates should meet together prior to the opening of the meeting of the Association. At such a meeting the work of the Council, as also the work of the various committees and the Secretary during the preceding twelve months could be reviewed. This would expedite the business of the first morning session of the Association, and would clear the table of all routine matters and enable the delegates to get down to legislative business at the meeting, at present directed to be held, immediately after the first morning session.

SUGGESTED AMENDMENTS.

Chapter 4, Sec. 1. House of Delegates.

Strike out the first line and substitute:

The House of Delegates shall meet at 8 p. m. of the evening immediately preceding the first day of the annual session, and after consideration of reports to be presented at the general meetings and such other business as may require, it shall adjourn to meet (continue section as printed, second line).

And add at the end the following:

The House of Delegates may be called in special session by the Council at any time or times during the months intervening between the annual sessions for the discussion of urgent business or other matters affecting or appertaining to the Association or its members or to the general body of licensed phy-

sicians and which may require prompt attention or legislative action.

At present this power is limited to the President on request.—See Chapter 2.

Chapter 5. Election of officers.

Sec. 1. Add the following words at the end.

All officers except the Councilors shall be elected annually. The office of Secretary shall be limited to not more than two consecutive terms of one year each, but after he has ceased to hold office for one year, he may be again elected Secretary and hold the office for not more than two years.

Chapter 7. Council.

Sec. 1. Add the following words at the beginning of the section:

The Council shall hold stated meetings at 8 p. m., on the first Monday in each and every month, unless advised by the Chairman through the Clerk, at least five days prior thereto, that no meeting will be held. Provided, That one meeting at least shall be held once every three months. Three members shall form a quorum, but at 8:30 p. m. two members may form a quorum for the transaction of urgent business, provided that copies of the minutes of such meeting are forthwith mailed to each absent member of the Council; and if no objection is made in writing within seven days from the date of mailing, the business passed upon at such meeting shall be considered and taken as passed upon by a full quorum. If objection is made it shall be recorded by the Clerk, and the business or resolutions objected to shall stand over for further consideration by a full quorum.. (Continue section as printed).

(New). Sec. 6. Add the following:

Special meetings of either the Association or of the House of Delegates may be called by the Council. The call shall state the special business to be considered, but when called other busi-

ness may be introduced for discussion and legislative action.

(New). Sec 7.

The Council shall call a meeting to be held in Salt Lake City of the Secretaries of all recognized or chartered County Societies during the first week in April, to confer on matters affecting the members of their respective societies and to discuss matters affecting the profession at large in their respective counties and the proper and most efficient methods of performing their secretarial duties. Papers dealing with secretarial problems may be presented and read at such meetings.

(New). Sec. 8.

Members of the Council and Secretaries of County Societies who, under the provisions of these by-laws, are called to meet in a place other than the city or town in which they reside, may be allowed the necessary railroad fares incurred and paid in traveling to and from the place of meeting on a proper itemized statement, but this shall not apply to attendances at the Annual Sessions.

Chapter 8. Committees.

Sec. 1. Add at the end:

And all Committees shall work in unison with and report to the Council as circumstances may require, whenever the Association or the House of Delegates is not in session.

The constitution does not prescribe the length of time that the Secretary may hold office. It is therefore a matter that can be provided for in the by-laws, and inasmuch as it has been found that there are many disadvantages in continuing an official in office for too long a period, the by-laws should limit the length of time that a Secretary should remain in office. Younger men should be given the chance to show their ability. Each man has his friends, who will be en-

couraged thereby, to become interested in the Association and its work.

The Association is expending a considerable sum each year in paying the expenses connected with the Secretary's trip to the place of meeting of the American Medical Association. Occasionally this may be advisable, but in the majority of years it will be far more profitable to the Association and its members to expend this money in bringing the Council and also the Secretaries together and paying their traveling expenses, to and from the place of meeting. This will avoid a financial burden upon officers, who are already doing much work without pecuniary remuneration, and will result in increasing general interest in the Association and its work. Let us aim to bring all practicing physicians into our State organization, and let us avoid cliquism and everything that has a tendency to perpetuate an official ring.

FREDERIC CLIFT.

NO THIRD TERM FOR SECRETARIES OF STATE MEDICAL ASSOCIATIONS.

The article in our last issue has created considerable interest. We quote the following from a letter of subsequent date:

"The great trouble lies in the fact that the major portion of the work, both general and detail, in both the County and State Societies, is left to the Secretaries, they doing much of which should be done by both the House of Delegates and Council. Both these bodies are prone to instruct the Secretary to do certain things and then let the matter pass from their minds, either for the time being or for all time to come. This is one reason why Secretaries have been continued in office term after term without change. It has been assumed that when one man has become conversant with the routine that it is practically folly to remove him from office and put in a green man, one who would require

more attention from both the delegates and Councilors. That was the assumption in the A. M. A., but it has been found that the new Secretary is doing as well as the one who held office year after year. When anyone is continued in office term after term in any organization, he gets an idea into his head that he cannot well be gotten along without, and in consequence assumes a sort of an ownership or protectorate over the members of the organization. This is all right if the man happens to be without any idea of personal advancement through holding such office, or if he does not hold the office because of the emoluments to be gained therefrom, the latter making his public office a 'private snap.' It is the salary connected with the secretaryship of the A. M. A. which makes that office desirable, as much as anything else, and one can hardly blame the incumbent desiring to stay in office as many terms as possible. A salaried office in a semi-public organization like the A. M. A. or State Society, becomes much like a government office; the fellow who is in does not care to get out, unless it is absolutely necessary and he will work hard to hold in office those who assure him that his position will be held inviolate year after year. The great trouble with all medical associations lies in the fact that too much is left to the officials and not a sufficient interest is taken by the members at large. It is just as much a matter of politics as is the election and appointment of government officials. In State and Government politics we find that a handful of men control matters almost exclusively. The general public does not vote, either at the primaries or general elections, as it should, but it curses the conditions subsequently the same as do the members at large of our State Societies and the A. M. A.. My County Society, with a membership of about 50, has an average attendance of some

15 or 20 members at its monthly meetings, and even on election nights I understand that no more interest is evidenced. This means that the active management is left to a few and that the officers are given a much greater power than should be invested in them. The recommendations of the Councils, both County, State and National, are given but scant attention, in many instances. Not long ago I saw this given a practical demonstration. The censors of a certain County Society made their returns upon an application for membership. For certain reasons they did not recommend the doctor for membership, and these reasons were made known at the regular meeting of the Society. The Secretary of the State Society, who happened to be present, moved that the objections of the censors be disregarded and that the applicant be elected, because, as he said, 'the State Society needed the money.' It goes without saying that the candidate was elected. In this case it was not a question of professional standing, but rather the social condition of the candidate which was taken into consideration. I have never heard that the Council of this State has done much of anything; in fact that body has not been mentioned at any meetings which I have attended. I am going to look closer into this matter in the future, as it is my intention to take a greater personal interest in Society matters, especially those of a political nature."

THE SECRETARIES' MEETING.

At the last annual meeting, 1911, the State Medical Association of Utah, placed itself on record as not converted to the idea that Secretaries and Treasurers of all our County Societies should meet with the State Medical Council, of which body the State Secretary is an ex-officio member. The Secretary and Treasurer of the Utah County Medical Society, who is also Councilor for the Third District, is reported in the of-

ficial minutes of the House of Delegates as follows:

"In the constitution and by-laws of our Association the duties of the Board of Councilors are very clearly set forth. Last year there was introduced an amendment by Dr. Clift that the Medical Council be instructed to hold meetings once in every three months, and that they invite the Secretaries and Treasurers of all the County Societies to meet with them about the 1st of April in each year. I move you, Mr. President, that the requirement be repealed. The motion was duly seconded and carried."

The A. M. A. has provided for a meeting of the Secretaries of all State Associations during the holding of the General Meeting of the National Association. As the State Secretary of Utah was instructed to attend and his expenses provided for, it was thought at this same meeting in 1910, to be a good plan for the County Secretaries of our Utah Societies to meet with him and obtain the benefit of his experience, but no such meeting was called.

The plan proposed and agreed to in 1910 is found to work well in other States, as shown by the following extract from the Ohio State Medical Journal:

"A very interesting meeting of the Secretaries was held in Columbus on March 21. The attendance was not large, but the addresses were full of interest and the discussions were spirited. We print abstracts of some of the former and only regret that we cannot give the full discussions that occurred.

"Almost every Secretary present took part, and difficulties of all sorts were brought up and threshed out; many practical solutions of problems were suggested, and it is sincerely to be hoped that the meeting will prove of material benefit to all who were there, and that in the future a continuance of the plan will bring out more and more Secretaries to the great mutual help of all and the consequent benefit to our whole organized profession."

PERSONAL EFFORT IN THE PRESERVATION OF HEALTH.

DR. O. E. COLEMAN,
Castle Dale, Utah.

It is not my purpose to give you a lengthy discourse, but to outline briefly your duty as physician, and as health officer, in this great and noble cause, "The Preservation of Health."

This subject is receiving as it should more study, more thought, than any other, yet we are only beginning to learn our lesson about health.

A great deal of time and money are being spent to discover new facts relative to the promotion of health. Koch, Lister, Pasteur, Flexner and many others, through their personal efforts, have given us new truths, which have

been the means of preventing untold suffering and saving millions of lives. There is still much to be done. A great work for you and for me. While as I said before, a vast amount of money is being spent on new discoveries to aid disease prevention, how much money is being spent to let the people know of these discoveries? Very little. Why not organize a system of lectures to be given in your town or in your county. If you can not give them yourself as a physician or health officer, ask someone who can to come in and assist you.

*Read before the Fifth Annual Convention of the Association of Health Officers of the State of Utah, April 4 and 5, 1912, at Salt Lake City.

In union there is strength. How can you be united in your endeavors in preserving public health if the public individually do not understand these principles? How much good do the people in your communities derive from your attendance from year to year at the Utah State Health Board meeting, if you go from here to your several homes and never mention health topics unless someone comes and tells you to quarantine John Jones for smallpox, or some other infectious or contagious disease?

Of what benefit are you as health officer, if you go from here and never mention to the people of your community that their yards, back yards and even houses should be thoroughly cleaned? That flies should not be allowed to hatch their young, and other sanitary principles which acted upon will absolutely abolish disease and suffering?

It is within our power to stamp from the earth all infectious and contagious diseases. The information is ours. It is only a matter of putting this knowledge into the hands of all. How much better will it be for you, and how much greater your reward, if you give a few facts upon various health topics to the people, than to spend your time as health officer going from house to house putting up red flags.

Last year as county physician I visited nearly every town in Emery county, starting this work, and I can already see great benefits. This was not demanded of me. It was volitional on my part. I discussed medical examination of school children, showing why it was needed, and have had the pleasure of examining the Castle Dale schools for two years past. This year I also examined the Orangeville schools and the Emery Stake academy. In addition to this the schools of Green River, Huntington and Ferron, all in Emery county, have been examined by physicians.

I lectured on flies, their habits, history, harmfulness and how they could be prevented and destroyed. Also on cleaning streets, yards, houses and how to build and care for a sanitary privy. I talked on water for domestic purposes, and many other subjects that have to do for health preservation.

I found the people very much interested and anxious to learn all they could of these subjects. I gave my talks on Sunday nights, and always a good musical program was arranged by local talent.

This year the county commissioners have asked me to repeat these lectures, and I am expecting to do this, and to have Dr. Beatty with me to do the lecturing.

One of the teachers in our schools arranged with Colgates, or some other company, for free tooth powder and brushes.

Some of our towns are preparing to vote for mountain water. Others are seriously considering the question. They are all arranging for a general "clean up" day of yards, ditches, etc., and God knows they need it. So you can readily see that personal effort can accomplish much. I do not mean to say that I was the cause of all this, but I do mean that if you will act, you will soon find as I did, that you will be aided by another, and then another, and another, and very soon you will have the whole community working with you.

The crying need in the rural districts in this State is qualified health officers. If these men were paid a salary sufficient to cause them to devote a good share of their time to health questions, we could expect greater efforts, and better results, along health lines. The medicine of the future is prevention, therefore it is your duty and your privilege as physicians and health officers to redouble your efforts in the prevention of disease and the preservation of health.

DEPARTMENT OF EUGENICS

"Huntington's Chorea—Is characterized by appearing typically first in middle life and progressing with ever increasing disorder of movements until dementia and death occur. It affects both sexes about equally. Two pedigrees are given in Figures 67 and 68.

"The method of inheritance of this disease was recognized by its original describer—Dr. George Huntington. He states that those exempt from it cannot transmit it. An examination of the extensive pedigrees shows only one exception to his rule and this a doubtful case. Huntington's Chorea is, consequently, a typical dominant trait, the normal condition is recessive; or, the disease is due to some positive factor. The Eugenic lesson is that persons with this dire disease should not have children. But the members of normal branches derived from the affected strain are immune from the disease." Chas. B. Davenport, of the Carnegie Institute of Washington—Heredity in Relation to Eugenics.

STERILIZATION OF THE UNFIT.

DR. G HENRI BOGART,

Paris, Ill.

There were four young men, boys, indeed, hanged in Chicago one Friday morning in February. There was a wave of sentimental protest sent up against the execution, and a strong effort is being made to alter the laws of Illinois so as to annul the death penalty. One of the Chicago daily papers editorially says of this execution:

"The case of the four slayers of Fred Guelzow, two of whom were little more than boys, presented phases that were quite worthy of the most careful consideration by those who had the authority to commute the sentences of death to imprisonment for life.

"One of the boys was a member of a family of twelve children that lived in a house with two rooms. His surroundings had been of the worst, and it seemed almost inevitable from the day of his birth that the fate, such as he met, awaited him.

"Similar conditions surrounded the childhood and youth of the other members of this murderous gang.

"The sad and pitiful circumstances of the murder of Guelzow is simply another illustration of the baleful influence of evil environments—an illustra-

tion that is in evidence in every community.

"Could the amount of money that is spent annually in the capture, trial and punishment of criminals be applied in providing preventives by improving the condition of those whose surroundings almost inevitably lead to crime, murders and executions would be reduced to a minimum."

Herein is certainly food for serious thought. In every department of human endeavor we are recognizing the ounce of prevention, and nowhere so much as in medical circles.

Prophylaxis is more considered than cure.

The sane sanitation which has converted the Panama zone from the plague spot of the New World into an ideal health resort is probably the most brilliant example, and the Spanish-American war with its wonderful lessons of heroism and unselfish scientific devotion by surgeons who laid the curb of prevention upon the scourge of yellow fever is one of the epochs of the world's history.

The prevention of such crimes as led to and compelled the other crime of hanging is found in intelligent selection

of human birth. "If thine eye offend thee, pluck it out," says theology, and if a breed of evil blood become pronounced in the communal life, it must be eradicated.

The wonderful process of sterilization of the unfit, which prevents these evil births and at the same time preserves the liberties and happiness of the present individuals, is one of the greatest as well as one of the simplest boons that science has conferred upon the process of the elevation of the race.

The making possible of this boon must begin with the physician and continue through the legislative chamber until completed in legal enactment. The most perfect law so far enacted is that which went into force in Iowa July 4, 1911:

"IOWA LAW: CHAPTER 129.

"An act to prevent the procreation of habitual criminals, idiots, feeble-minded, and imbeciles. [Additional to title twelve (XII) of the code relating to the police of the State.]

"Section 1. That it shall be the duty of the managing officer of each public institution in the State, entrusted with the custody or care of criminals, idiots, feeble-minded, imbeciles, drunkards, drug fiends, epileptics and syphilitics, and they are hereby authorized and directly to annually, or oftener, examine into the mental or physical condition of the inmates of such institutions, with a view of determining whether it is improper or inadvisable to allow any of such inmates to procreate; and to annually, or oftener, call into consultation the members of the State Board of Parole. The members of such board and the managing officer and the surgical superintendent of such institution shall judge of such matters. If a majority of them decide that procreation by any of such inmates would produce children with a tendency to disease, crime, insanity, feeble-mindedness, idiocy or imbecility,

and there is no probability that the condition of any such inmate so examined will improve to such an extent as to render procreation by any such inmate advisable, or if the physical or mental condition of any such inmate will be materially improved thereby, or if such inmate is an epileptic or syphilitic, or gives continued evidence while an inmate of such institution that he or she is a moral or sexual pervert, then the surgeon of the institution shall perform the operation of vasectomy or ligation of the Fallopian tubes, as the case may be, upon such person. Provided, that such operation shall be performed upon any convict or inmate of such institution who has been convicted of prostitution or violation of the law, as laid down in chapter two hundred sixteen (216), acts of the Thirty-third General Assembly, or who has been twice convicted of some other sexual offense, or has been three times convicted of felony, and each of such convict or inmate shall be subjected, to this same operation of vasectomy or ligation of the Fallopian tubes, as the case may be, by the surgeon of the institution.

"Sec. 2. Except as authorized in this act, every person who shall perform, encourage, assist in or otherwise promote the performance of either of the operations described in Section 1 of this act, for the purpose of destroying the power to procreate the human species, or any person who shall knowingly permit either of such operations to be performed upon such persons, unless the same shall be a medical necessity, shall be fined not more than one thousand (\$1,000) dollars, or imprisoned in the county jail not to exceed one year, or both."

It will be noted that this law includes all institutions; an improvement upon the Connecticut law; that it is mandatory on all; an improvement upon the Indiana law; and that it applies equally to the sexes. The law

is automatic on the habitual criminal and sexual pervert, and while the proper use of the operation as a "medical necessity" is allowed, it is restricted as to the promiscuous sterilization of those who would wish the operation as a pretext for unlicensed lust.

This law leaves the enforcement of its provisions to the judgment of trained professional specialists, and not to the whim of laymen, as does the Indiana statute.

On the other hand a law may be so drawn as to destroy its usefulness. Of this type is the California law.

CALIFORNIA LAW.

"Whenever in the opinion of the medical superintendent of any State Hospital, or the superintendent of the California Home for the Care and Training of Feeble-Minded Children, or of the resident physician in any State prison, it would be beneficial and conducive to the benefit of the physical, mental, or moral condition of any inmate of said State Hospital, home or State prison, to be asexualized, then such superintendent or resident physician shall call in consultation the general superintendent of State hospitals and the secretary of the State Board of Health, and they shall jointly examine into all the particulars of the case with the said superintendent or resident physician, and if in their opinion, or in the opinion of any two of them, asexualization will be beneficial to such inmate, patient or convict, they may perform the same; provided, that in the case of an inmate or convict confined in any of the State prisons of this State, such operation shall not be performed unless the said inmate or convict has been committed to a State prison in this or some other State or country at least two times for some sexual offense, or at least three times for any other crime, and shall have given evidence while an inmate in a State prison in this State that he is a

moral or sexual pervert; and provided, further, that in the case of convicts sentenced to State prison for life who exhibit continued evidence of moral and sexual depravity, the right to asexualize them, as provided in this act, shall apply, whether they have been inmates of a State prison either in this or any other State or country more than one time. (Statutes 1909, p. 1093.)"

It will be observed that the operation of this law is practically confined to the habitual criminal whose procreative course is usually run before he becomes eligible to treatment. The habitual criminal is already provided for in some States in which the third conviction becomes life imprisonment.

The futility of this law as a preventive of the birth of the unfit is so apparent that there is no need more than that I call attention thereto.

Even more absurdly futile is the New Jersey law, which while confined to the same habitual criminal class, provides that when recommended for operation the subject shall be tried by a jury in court. At that the question will go to the Supreme Court.

The Trenton, New Jersey, News, says:

"Because of the uncertainty of the constitutionality of the sterilization law, and in order to be free from censure, the State Sterilization Board has decided not to put in operation the provisions of that law until the Supreme Court has been able to pass upon its constitutionality.

"Judge Gnichtel, of the Common Pleas Court, and Assistant Attorney General Nelson B. Gaskill, were consulted, and a plan of action was decided upon. One of the cases is to be taken in the regular way before the Mercer County Court of Common Pleas, and the counsel, to be appointed by the court, is to contest, and in that way the matter will be carried before

the Court of Errors, so the constitutionality of the act may be passed upon."

The legal phases of the matter have

been well handled by the California courts, and this decision will be the theme of a subsequent paper.

MEDICAL NOTES AND ITEMS

STATE HEALTH OFFICERS.

The fifth annual convention of health officers of Utah was held in Salt Lake on the 4th and 5th of April last. Under the laws of the state it is compulsory for the health officers to attend the annual meetings, which are held under the auspices of the State Board.

The opening session was called to order by President Dr. E. G. Hughes of Provo. The program was as follows:

"The Duty of the State in the Prevention of Unnecessary Waste of Life," Dr. C. M. Clark, Provo; "A Broad Conception of the Duties of Health Officer," Dr. F. J. Woodbury, St. George; "Personal Effort in the Preservation of Health," Dr. O. E. Coleman,

Castle Dale; "Rural Sanitation," Dr. Wm. L. Rich, Garland; "The Prevention of Smallpox," Dr. E. M. Neher, Castle Dale; "The Relation of Flies to the Public Health," Dr. H. G. Merrill, Provo; "The Diagnosis and Prevention of Scarlet Fever," Dr. A. N. Hanson, Salt Lake City; "The Serious Effects of Adenoids and Diseased Tonsils," Dr. Fred Stauffer, Salt Lake City; "Quarantine and Disinfection," Dr. D. L. Barnard, Garfield; "Dental Inspection of School Children," Dr. Noyes, Provo; "Medical Inspection of School Children," L. E. Eggertsen, Provo, and "Public Health Conditions in Utah," Dr. T. B. Beatty, Salt Lake City.

Officers for the ensuing year are: Dr. F. J. Woodbury, St. George, president; Dr. Warren Shepard, Beaver City, vice-president.

Just before the convention adjourned sine die a motion was adopted that the arrangements for next year's session should include a banquet.

ABOLITION OF QUARANTINE FOR SMALLPOX.

At the recent meeting of the Utah Association of Health Officers, Dr. T. B. Beatty, secretary of the State Board of Health, announced that the placing of smallpox cases in quarantine would soon be abolished in

the state of Utah if the State Board of Health has the legal power to abolish the regulation.

Following Dr. Beatty's announcement the association, by a vote of 29 to 15, passed a resolution indorsing the proposed action.

The passage of the resolution followed the reading of a paper on "The Prevention of Smallpox," by Dr. G. B. M. Bower of Vernal, the substance of which was that the only sure preventative is vaccination.

Quarantine a Failure.

In the discussion that followed Dr. Beatty stated the coming policy of the State Board of Health, saying that it had been decided to follow the example of Minnesota and other states and to remove the quarantine. After twelve years' trial in this state it has been demonstrated that quarantine was not effective in preventing the spread of the disease. It is the intention of the Board of Health to do away with quarantine as soon as practicable. In cases of smallpox the houses in which they occur will be marked as a warning to the public, but there will be no restrictions on the occupants.

It is further proposed that the state shall furnish vaccine and those who desire can be vaccinated at a nominal cost. It is not intended to make this vaccination compulsory. By this course it is intended to remove any popular impression that the plan is in the interest of the physician.

Suggested Solution.

The discussion of the question left the suggestion that when the quarantine was removed the practical result would be a general adoption of vaccination as a preventative.

Other resolutions adopted by the Association of Health Authorities were the recommendation of the enactment by congress of the Owen bill, providing for the creation of a National Board of Health and the establishment by the state of a tubercular sanitarium, with the provision that patients coming from other states must be cared for

at the expense of the state from which they came.

TOWELS AND SHEETS IN HOTELS.

The following resolution was endorsed by the Ohio State Board of Health at the regular monthly meeting at Cincinnati. The resolution was adopted by the Executive Committee of the Grand Council of Ohio, United Commercial Travelers, requesting action by the board on the subject matter of the resolution:

Whereas, The use of roller towels in wash-rooms of hotels, and the indiscriminate use of the same towel on several different customers in barber shops is one of the most prolific sources for the spread of obnoxious, contagious and infectious diseases, and

Whereas, The use of comforts and blankets on beds in hotels, which is breathed consumption and other contagious diseases by some guests one night, and inhaled and drawn into the lungs of some other guest the next night, making a very dangerous and unsanitary condition, and

Whereas, The State Board of Health of Ohio is doing a great good for the welfare of the public in their efforts to eradicate obnoxious, contagious and infectious diseases; therefore,

Be it resolved by the Executive Committee of the Grand Council of Ohio, United Commercial Travelers, that the Grand Secretary shall immediately call the attention of the State Board of Health to the matter above stated, and ask that the said board shall

First, insist upon all hotel and inn keepers in the State of Ohio furnishing individual towels to guests.

Second, that a towel once used upon a customer in any barber shop in Ohio shall not be used upon another customer until said towel has been laundered.

Third, that the upper sheet on any bed or cot in any hotel or inn in Ohio shall not be less than nine feet in length, so that at least fourteen inches of said sheet may be turned over the top of the comfort or blanket.

We commend this resolution to the physicians of Utah. Nine-foot sheets were once laughed at, but the sanitarian of today knows their value.

LABORATORY TO HELP STATE BOARD.

Through the efforts of Dr. R. L. Byrnes, professor of bacteriology at the University of Utah, the laboratory established there three years ago to aid the State Board of Health in analyses of bacteria will be put into real service within a short time. Mainly through lack of funds, the laboratory has not fulfilled the purpose for which it was established.

The State Board of Health is, according to the provisions, connected with the medical school of the university, and the professor of bacteriology at that institution is the state bacteriologist. According to the new arrangements, the laboratory will be available to every city and community in the state with the exception of Salt Lake City and Ogden, which have their city health boards. Test tubes containing culture media and the inoculation from patients, sent to the laboratory by local physicians, will be analyzed by Dr. Byrnes and his assistants and an immediate report made. Stations supplied with fresh culture media will also be established in various cities, and from these physicians may obtain the media.

THE UNSANITARY OUTHOUSE.

One of the most dangerous menaces to health is the unsanitary outhouse, commonly found on the grounds of country and village schools. A practical way to abate this nuisance may be had by sending to the United States Department of Agriculture for Bulletin No. 463.

PROSTITUTION.

And Jesus said unto her, neither do I condemn thee.—St. John viii:11.

He that is without sin among you, let him first cast a stone at her.—St. John viii:7.

There are many who believe that the industrial emancipation of woman, the attainment of her economic independence, the abandonment by men of the idea of proprietorship of wives (the "lord and master" and sex superiority theory) and less barbaric notions concerning freedom and sex relations will yet put an end to commercialized prostitution. Still today we are trying expedients calculated formally to institutionalize and perpetuate it.

Collier's recently chronicled an attempt on the part of a Western mayor to segregate vice in an ingenious and unusual way. He raided houses systematically that were not in a certain district, thus compelling their keepers to seek refuge within the precincts wherein they were to be immune, word being passed to them of the mayor's plan. The scheme worked but was later made the basis of a campaign which led to the mayor's political funeral. Here again was provided another spectacle—the spectacle of an oppressed class serving as a political football. The poor prostitute is fated to exist only for political, commercial, sexual and police exploitation. The more of an institution you make of prostitution the more facile becomes its exploitation. It is inevitable.

We are obsessed by the notion that we must deal with prostitution directly; that we must segregate it, register its practitioners, medically inspect them, arrest and punish them, et cetera, et cetera. Those who don't know what to do with them yet believe that something direct should be done hold the solution. It is argued that prostitution is an inevitable thing, that it is the oldest profession in the world, and that it is even virtue's safeguard (Lecky). So it is believed to be an indispensable institution. The diseases that are engendered by it are believed to justify the intervention of the health and police powers of the state for its relementation. Naturally, all this postulates the necessity of institutionalization.

The truth is that prostitution is an anachronism, like tuberculosis. We are all awake to the futility of tinkering with tuberculosis as an end-result, even though we have not progressed very far in real prophylaxis, which of course involves tremendous economic elements. Nobody thinks of tuberculosis as a necessary institution, as a safeguard of anything (except perhaps charity, which, however, cannot claim to be a virtuous thing, being in truth itself an anachronism), as a thing merely to be regulated, inspected and policed. Why are we not educated to the same degree in respect to prostitution? Why are we not equally bent upon effective prophylaxis in its case?

The prostitute is an absolutely logical result of social and economic pathology, of conditions that are in turn anachronisms, plus stupid, selfish and barbaric concepts. Society finds her useful because it fancies her genetic factors to be indispensable. She is a necessary thing, so long as we neglect to put our social house in order, all the mouthings of the moralists to the contrary notwithstanding. Those who would persist

in institutionalizing her are wholly or relatively blind to the rational indications.

But, it will be objected, pending this visionary readjustment of society which has been postulated, prostitution must be dealt with directly as tuberculosis is dealt with directly. Well, what have we accomplished by direct dealing with tuberculosis? We save some lives and prolong many. Speaking cold-bloodedly, is not this very prolongation of the lives of the tuberculous itself an institutionalization of the great white plague? We don't call it that, but what else is it? We have to institutionalize tuberculosis, on humanitarian and other perfectly good grounds, but we are institutionalizing prostitution on unhumanitarian and totally indefensible grounds. It is within our power to deal effectively with the causes of prostitution if we want to do it. To deal with prostitution itself in any way is far more futile than to deal directly with tuberculosis.

Does this mean that we must ignore the prostitute and prostitution? Yes, except in so far as we must study these end-results as we would study any phenomena which are unwholesome and which we would intelligently seek to abate. Society has absolutely no moral right to oppress in any way a class for which it is entirely responsible, and any kind of regulation spells oppression. Mankind creates this class and then proceeds to harass and penalize it, on the specious and sophistical pretext that it is a disseminator of disease and offensive to public decency. Public decency, forsooth! What about the public decency that should concern itself earnestly with causative factors? As to clandestine prostitution, society's stained hands are tied. The only prophylaxis against the venereal diseases that is morally justifiable, aside from the fundamental social indications, is education in the use of well tried and effective antidotes.

In connection with the economic factors entering into prostitution O. Henry's story of a dream that he once had is worth quoting. In his dream he thought that he had died and had appeared at the gates of heaven with a crowd of other applicants for admission. An angel-policeman asked him if he belonged to the crowd. "Who are they?" asked O. Henry. "Why," said the angel-policeman, "they are the men who hired working girls and paid 'em five dollars a week to live on. Are you one of the bunch?" "Not on your immortality!" answered O. Henry. "I'm only the fellow that set fire to an orphan asylum and murdered a blind man for his pennies." Then he passed inside.—*Medical Review of Reviews.*

A NEW TREATMENT FOR TUBERCULOSIS, WITH INTERESTING SIDE LIGHTS ON THE HISTORY OF THE DISEASE.

By Joseph Brandaleone, M. D., New York, Surgeon to the Post Graduate-Hospital and Beach Hospital.

In a recent issue of the *American Journal of Clinical Medicine*, there appears the following passage in an article on "Aretaeus, the Forgotten Physician":

"No medical author surpasses Aretaeus in his vivid portrayal of disease. When he describes consumption, we are not obliged to read the symptoms twice to make a diagnosis. We actually seem to hear the hoarse chronic cough, the clearing of the throat. We notice the sweats, the pallor, the cadaverous aspect. We see the bony fingers with thickened joints, the curved nails; the sharp and slender nose and the prominent Adam's apple. We see the narrow chest, the lips drawn over the teeth, the muscles of the arm gone, the ribs sticking through the skin, the shoulder blades projecting like wings of birds, and the eyes hollow and brilliant."

This graphic description of tuberculosis brought to my mind the observation of the Father of Medicine, Hippocrates, who 2,500 years ago said, "The most dangerous disease and the one that has proved fatal to the greatest number, is tuberculosis."

In sad truth this affliction dates from the earliest records accessible to man, and both its wide spread prevalence and its destructive effects have always been apparent. Therefore, it is only natural that in every age of medicine, its cause, prevention and treatment should be eagerly discussed; and perhaps it is also natural that because of the fact that the disease is so terrible a one, more remedies have for its treatment crowded the market than for any other ailment.

In ancient times tuberculosis was studied from a clinical standpoint only. The second period in the history of tuberculosis did not come until the 16th century, when the anatomical discoveries of Vesalius and his contemporaries furnished physicians with knowledge of changes or lesions of structure.

The third period began in the 19th century, when Bayle declared tuberculosis a separate malady, due to deposits of tubercle, and then Laennec discovered auscultation, which first rendered possible a diagnosis of the disease in life. In the last half of the preceding century the inoculation experiments of Vullemin ushered in the fourth period; and on March 24, 1882, when Robert Koch read his paper on the *Etiology of Tuberculosis* at one of the monthly meetings of the Physiological Society of Berlin, the fifth period was announced, and modern tuberculosis science began.

Following the reading of Koch's paper, which established the actual factor of infection and the direct cause of all tuberculous diseases, numerous remedies, all promising to lessen the virulence of the bacillus of Koch, made their appearance. So anxious were we to give every preparation that promised relief a trial, that I believe most of us have used every treatment for tuberculosis from Koch's own tuberculin to bacilline. Seldom were we satisfied with the results.

However, investigations have not ceased, and some months ago a colleague, whose experience with tuberculosis patients is quite extensive, brought to my attention a preparation of radio-active mentholated iodine, trade-marked Dioradin, and mentioned that his results with the remedy were quite encouraging although he would say nothing positive at the time.

I decided to test the value of this preparation for myself, and the following week began treatment on a case which I had under observation for a considerable time, and which had not responded to the previous treatments, but had been growing progressively worse. The results achieved justified me in using the treatment on all the tubercular patients which I had under my care, including those seen by me at the hospital, and at the present time 22 cases are under treatment. I will subdivide them into three groups, namely, the first stage, second stage, third stage, mentioning but a few cases in every stage so that you may have an idea of the progress made.

First Stage.

Case 1. J. B., male, married, 30 years old. Clerk by occupation, but his hacking cough caused him to be discharged because of complaints by the other workers. One brother, now in South Carolina, suffers from tuberculosis, and patient believes that a cousin died from the disease. Past history presented nothing of clinical significance. Patient claims that he had always felt quite well, though his work was of a sedentary nature. He believes that the present disease had its onset about two years ago, shortly after his marriage.

The patient presented a marked case of pulmonary tuberculosis. Palpation revealed exaggerated vocal fremitus of the upper portion of the left lung. His sputum was examined by the Board of Health, which reported the presence of tubercle bacilli. Von Pirquet test also positive. An examination revealed leukocytosis. The patient had a rapid dirotic pulse and suffered from deranged digestion. Had pronounced pain

in the chest, which was aggravated by coughing. Emaciation was marked, the loss in weight amounting to about 20 pounds. On the 9th of November, I began treatment with Dioradin, giving the patient an injection every day in the buttocks for ten successive days. Then in accordance with Prof. de Szendeffy's directions, I began to employ the injections on alternate days. After the twelfth injection had been reached the patient's sputum diminished daily and his general health showed steady improvement. On the 10th of December I gave the 20th injection. By this time the pain was lessened, the fever decreased, the appetite was improved, and the night sweats had entirely disappeared. There was, however, a slight rise of temperature in the afternoon reaching 100. The injections were continued and up to the present I have finished the second series. The patient has no sputum, cough, fever or night sweats, has gained over 15 lbs. in weight, and a measurement shows that his chest expansion has increased 2 inches.

He is now engaged in work more strenuous in nature than he previously had, and throughout the course of treatment he occupied the position as elevator starter, remaining indoors practically all day. A report of the patient's sputum which the Board of Health has just examined, is negative, and I feel justified in stating that the patient is apparently cured. I am cautious in using the word apparently, because I do not know how long the patient will remain in this condition. However, he is still under my observation.

Case 2. Miss L. M., 25 years old, coughing for the last 11 months. Family history negative. Had pneumonia as a child. Complains of frequent headaches, sudden pains in the chest, weariness, Menses irregular and scanty. Very poor appetite, night sweats and fever. Loss in weight, 10 lbs. Diminished respiration. Sputum streaked with blood. Bronchial breathing over left apex. Temperature at the time of examination was 100 in morning, 100.5 in the afternoon. Pulse between 112 and 120. Tubercle bacilli present. Von Pirquet test positive. On the first of December, she received the first injection and up to date forty. Her temperature is now normal, but she coughs sometimes in the morning. There is no expectoration and the appetite is greatly improved. The headaches as well as the pains in the chest have disappeared, and the patient is in good humor, ambitious, and working very hard at home. Gain in weight only 9 lbs., probably due to her work. Pulse 80. Only a very faint bronchial breathing over the left apex. No bacilli, but Von Pirquet still gives a mild reaction. I am starting in a new series of injections and I believe that this case will be cured finally. Should this be so and should my former case remain cured, I shall report the

facts in a future paper which I intend preparing.

Second Stage.

Case 1. Mrs. L. L., 28 years old. Mother died of tuberculosis. Has had measles and diphtheria. Coughed for the last 16 months. Weight has decreased from 160 to 139 lbs. No appetite. Vomits often. Is always tired.

I had previously treated this patient with injections of tuberculin. Not responding to this treatment, I sent her to Sullivan County, where she remained for six months, returning rather worse. Examination showed fine rales. Pains under the right scapula. Temperature 101.8. Von Pirquet test positive and numerous tubercle bacilli found. This patient has received to date, beginning December, 60 injections. She feels very much better, cough very little and her sputum is not blood-stained, and patient at present weighs 150 lbs. The appetite has increased. She still has pains, however, but there are no rales and no fever. The last examination for tubercle bacilli proved negative.

Case 2. Mr. E. R., 31 years old. Negro. Has been coughing on and off, for two years, but never had any treatment and felt well. father and mother still living. Family history negative. Past history of patient: Had born well and strong all his life, and does not remember ever having been in bed until the onset of present illness. Had never worked regularly until about two years ago, when he engaged himself as an ash collector. Within eight months after he obtained this work he had to give it up because of his falling strength. After he had been at work about 6 months, his cough grew worse and was accompanied by pleuritic pains. He also had profuse sweats at night and he began to suffer very noticeably from falling strength. The loss in weight from the time he started work, about a year ago, up to the time I saw him, was 22 lbs. He had had two hemorrhages during that time. When I called in to see the patient on December 12th, he was unable to get out of bed and complained of severe pain in chest. Was coughing almost continuously and was badly constipated. Temperature 102.6; pulse 109. Respirations 27. His weight was 142 lbs., having been 164 lbs. only eight months previous. Was very weak and unable to leave his bed at the time I saw him. Examination of the chest revealed a deficient respiratory movement on right side. On palpation there was exaggerated vocal fremitus of upper part of left lung. Percussion demonstrated dullness on right side extending down as low as the 6th rib. Numerous moist rales. Von Pirquet test positive.

On the evening of December 12th I gave him his first injection of Dioradin, and 20 consecutive injections thereafter. After the 9th injection the patient left his bed, feeling much stronger and complained of less

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pain. He had gained one pound up to the 9th day, and up to the 20th day had gained 5 lbs. His appetite was much better, and the night sweats had lessened. The evening temperature on the 18th day of treatment was 99.2, and went up one-tenth the next day. He was sleeping well, coughing only two or three times during the night. On January first, while out carrying a package, he slipped on the ice and broke his hip. He was taken to the hospital, where he remained until February 15th, when he visited me on crutches. His condition, strange to say, was quite good. In fact the examination proved that there had been no relapse and his symptoms were not worse. I immediately recommenced the injections with Dioradin, and while he is far from cured, he certainly has made a wonderful improvement. While the sputum still contains tubercle bacilli, they are less in number, and he is gaining about 2 lbs. a week in weight. The patient, who has now gotten over his lameness, asks if he cannot employ himself again, but I have advised against it.

Third Stage.

Miss E. K., 18 years old. Has been my patient ever since a little girl. Had measles at 5. Diphtheria at 7. Pneumonia at 13 and has not been perfectly well since. The last two and one-half years has lost considerably in weight, dropping from 104 to 90. Examination discloses the fact that the right lung is entirely consolidated and there is hardly any breathing to be heard. She suffers considerable pain and has had hemorrhages. Temperature has not been below 100 for the last few months. Pulse varies between 106 and 120. Sputum loaded with tubercle bacilli. Von Pirquet test positive. This patient, who came to me in November, has had to date, two full courses of treatment, consisting of eighty injections. The lung is still slightly consolidated, but the patient has practically no pain, has a fair appetite, and feels considerably better. The temperature, the last time I took it, was 99, and I have often found it to be normal. Pulse is rarely over 104 and her weight has increased 11 lbs. to 101. This case certainly shows a remarkable improvement, and while I doubt whether the injections will produce much more improvement, they certainly have arrested the disease temporarily at least, and made the patient more comfortable. She cannot be induced to remain on a special diet and her home surroundings are not conducive to good health. While her bed-room window she always keeps open, she spends considerable time in the dining room where there is no ventilation, and has acted very rashly often as far as her health is concerned, having gone on a few occasions to moving picture shows in ill-ventilated halls.

These cases which I have mentioned are fair examples of the results I am getting with this treatment. I have hopes that I

will be able to definitely pronounce a cure in the first two cases reported, which are similar to six others in my practice, and from present indications it would seem that much is to be expected in the second stage. While I have not had any cures, as yet, in the second stage, I would not be at all surprised if they were obtained.

I have made patients in the third stage much more comfortable than I have ever been able to make them in the past with previous treatments, and I think there is a possibility of arresting the disease in this stage by the use of Dioradin coupled with other methods of treatment.

I have had one acute case of tuberculosis which I think quite interesting, showing the response to this treatment.

Miss R. P., 22 years old, had always been in good health. Felt suddenly ill while on the street on the 10th of December. Came home and went to bed. Had chills and high fever. Two days later she came to the clinic for advice. Her temperature was 103.8. Her pulse 126. She had a violent cough while I was examining her and complained of great pain as a result. The examination showed dullness under the right clavicle. Two days later she had a hemorrhage, losing over an ounce of blood. The dullness spread rapidly and two days later she started to expectorate a bloody tinged sputum which showed a very large amount of tubercle bacilli. Von Pirquet was strongly positive. Within ten days from her visit to the clinic she lost ten lbs. The second day after seeing her, I began treatment with Dioradin and after the 40th injection she went to Saranac and is still there. At the time of leaving, her temperature was almost normal, and the cough much milder and not quite so frequent. I have not had any report the last week as to her condition, but I believe she continues to remain improved.

In reference to the cases in the last stage. I will say that most of those whom I treated were temporarily improved, but temporarily only. They all felt more comfortable for a time, but later their former condition returned. However, they all took the injections without any trouble and believed in them very implicitly. The sister of one boy who had been treated with these injections by me in the beginning, and later by another physician at Liberty, where the boy went, called up the day after he had died and stated that the boy insisted on having his injection on the last day of his life. The case in question showed a very remarkable temporary improvement, as can be evidenced from the faith which the patient retained in it.

I have also had among my first cases a girl, in the very last stage, who died 15 days after treatment was begun, but the results were really remarkable. She had been sent home from a sanitarium as her death was daily expected, and it was doubted whether

she would arrive at her home alive.

When I was called to see her she was completely exhausted, but unable to get any sleep because of her continuous coughing. She expectorated in masses and it was useless to attempt to feed her as she immediately vomited. She had had a great many hemorrhages and I realized on seeing her that she could not live more than a few days; but as her guardians asked me to give her some treatment, I did so, and after giving her some codeine to make her a little more comfortable, I started injections with Dioradin. A really wonderful change took place, which lasted for 10 days and on the 8th day the patient told me that she felt that she would recover. On the 12th day, however, she became worse and I stopped the injections, the patient expiring on the 15th day. In this case the temperature dropped 4 degrees, the patient was able to get a little sleep, sleeping over 5 hours at a stretch at one time. The weight increased one and one-half pounds.

Before concluding this paper, I wish to say a word in reference to my method of giving the injections. I read carefully all the literature which was published on the subject, and in the beginning followed Prof. de Szendeffy's advice, giving the injections every day for the first ten days and then every other day until the 40th injection had been reached. I have found, however, that in many cases I have procured better results by giving 20 injections consecutively and then one every day thereafter. Where I follow with a second course of treatment,

I do not allow more than a week's time to elapse usually.

All patients tolerated the injections well, no complaints were ever made, excepting in the case of one little Italian boy, eight years old, whom I have been treating for bone tuberculosis. He cried a little whenever he was given the injection, but I believe this was due more to fright than to the pain. (This case of bone tuberculosis is showing steady improvement, but it is too early as yet to make any report concerning it. Two of the sores which had persisted on the boy's chest for over a year, have already healed, however.)

From the results I have thus far had I feel justified in drawing the following conclusions:

I would recommend this treatment for incipient stages, where I believe cures can be effected. For the second stage of the disease, cures may follow the treatment, but at least the disease can be arrested and the patient made more comfortable; and in the last stage I have found that the treatment makes the patient more comfortable, and prolongs the life. I have had no cures as yet in either the second or third stages.

This report, of course, is a preliminary one, as I have been using the remedy for too short a time to draw any positive conclusions. However, although I have not had the results which the French have claimed for the remedy, I believe it is worthy of consideration and trial in cases of tuberculosis that will respond at all to any medicinal treatment.

MISCELLANY

Dear Doctor.—Is it possible you have never seen a copy of the booklet I give my pregnant patients? A great surprise awaits you. They please my patrons and bring new ones. The instruction is invaluable. They are neat and nicely printed. Your name and address on the front cover in lots of 25 or more. They are sent post-paid and to only one doctor in a town. Endorsed by the American Medical Association. Send 10 cents for copy. Dr. E. S. Harris, Box 527, Blue Springs, Mo.

The Therapeutics of Rachitis.—Among remedial agents promising benefit in rachitis, codliver oil, as exhibited in Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is worthy of prominent mention. It not only has abundant value as a tissue nutrient, but its contained phosphorus makes it particularly potent in this condition. There is an urgent indication for this latter agent, which is admirably met by the administration of Cordial of the Extract of Cod Liver Oil Compound (Hagee).

A Dependable Anodyne.—The uses of Papine are almost unlimited. In the main

they are however diarrheal affections such as gastro-enteritis, cholera morbus and infantum dysentery; diseases of the nervous system attended with pain, such as neuralgia, neuritis, hysteria and locomotor ataxia; painful disorders of the utero-ovarian tract, as dysmenorrhea, uterine colic, ovarian neuralgia; and also other conditions attended with severe pain, such as biliary and renal colic, and the chest pains of pleurisy, pneumonia and tuberculosis. Papine has also been strongly recommended in the treatment of diabetes. This product has the great advantage that it can be used without locking up the secretions or inducing a habit, as is the unfortunate case with other opium preparations.

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The Conservation of Nervous Energy—February, 1912).

The choice of a remedy that will prevent a continued dissipation of nervous energy, is a matter of large importance, for there is a possibility, in one's eagerness to use a drug which is therapeutically active, but insidious in its effect, to select one that is habit-forming. If this happens, no substantial gain has been made. A preparation which possesses potent therapeutic powers, and yet is free from danger, is Pasadyne (Daniel's Concentrated Tincture of Passiflora Incarnata). It exerts a markedly calmative influence in all exalted states of the nervous system, and is clearly indicated when the need for agents of its class arises. A sample bottle will be furnished if application be made to the Laboratory of John B. Daniel, Atlanta, Ga.

"Kelene" (Fries Bros.) as Preliminary to Ether.—J. B., formerly resident physician in the Edinburgh Royal Infirmary, at the suggestion made in St. Bartholomew's Hospital Journal, of the utility of Kelene in obstetric practice, has tested its suitability in midwifery by administration in six consecutive cases. Four of the cases were multiparae,

the other two primiparae. In three of the cases forceps were used, while in the other three the anaesthetic was administered in order to relieve the patients' sufferings. "It must be understood that these cases were not selected in any way, but represented a fair average, such as any general practitioner might be called upon to attend."

The accoucheur thus summarizes his experiences in *The Medical Press*, "The special point which I wish to emphasize is that I did not obtain such complete muscular relaxation with Kelene as obtained by using chloroform. This was particularly noteworthy in the cases where forceps were applied. At the same time, however, I feel certain that where the patient has to be kept under the influence of an anaesthetic for any length of time it would be a distinct gain to start with Kelene, and after this preliminary start to resort to chloroform. Less of the latter will then suffice, and much valuable time will be saved in the preliminary stages. The anaesthesia produced by Kelene is wonderfully rapid. I shall say less than two minutes suffices to reduce sensibility of the patient. It is very important that the patient should breathe only air charged with ethyl chloride vapor, as if pure air is mixed up with it, then the anaesthesia will take a much longer time to produce. A proper mask is therefore very useful, but for midwifery practice in my opinion, is not altogether indispensable. The best time to begin this administration is when the patient has a "pain," as she is then inclined to cry out, and in so doing breathes deeply and so inhales more of the vapor.

Special attention is called to the new form of Pollautin Ointment (Fritzsche Brothers) in ALL cases of hay fever, where any irritation may arise from use of other forms.

Tongaline exerts a manifest action on the nervous system of the secreting order of glands, it diminishes the uric acid content of the blood, and produces a substitutive irritation in the region of the articular surfaces. On account of the exaggerated vasomotor action of Tongaline, the irritation drives the uric acid deposits toward the emunctories, causing a great secretion of bile in the liver, an abundant diuresis in the kidneys, and a serous diarrhoea in the intestines, while in the feces and in the urine we find a great quantity of uric acid. These conditions secure the attainment of the desired effect, which is to expel from the organism all those agents, the accumulation and retention of which in the blood are the cause of rheumatism, neuralgia, grippe, gout, nervous headache, malaria, sciatica, lumbago, tonsillitis, heavy colds and excess of uric acid.

Denver Medical Times and Utah Medical Journal

VOLUME XXXI

JUNE, 1912

NUMBER 12

PSYCHOTHERAPEUTICS.

A Working Hypothesis.

EDMUND J. A. ROGERS, A.M., M.D.,
Denver, Colo.

To The Denver Philosophical Society:

I take the invitation of your committee to address you upon Psychotherapeutics as a great compliment.

Almost thirty-five years of uninterrupted study and treatment of human disorders and diseases, with an increasing attention during the past ten years to the psychological phenomena (1) of this work, enable me to speak from the standpoint of some practical experience in this important department of the practice of medicine. I cannot, however, claim a deep knowledge of philosophy and psychology.

I very much regret that, at the time when I became a student of medicine, some knowledge of these subjects was not considered necessary in the equipment of the physician. As we come to realize that human personality is something more than an automatic mechanism, we appreciate that those intrusted with the treatment of our infirmities should be instructed in the phenomena of mental activities, as well as in the structure and functions of the body, and in the cause, prevention, and treatment of disease.

It is only a few years since ultra materialism alone was considered tenable by the learned. But a great revolution is taking place in prevailing scientific thought.

Haeckel's "Riddle of the Universe" was accepted as a popular expression of almost the final word from science. So great is the change already appar-

ent that we, today, find the intuitional philosophy of Henri Bergson recognized (2) "in the inner courts of organized knowledge" as the dominating influence.

At the close of his "Huxley Lecture," (3) delivered on May 29, last, Bergson said: "How could there be disharmony between our intuitions and our science, how especially could our science make us renounce our intuitions, if these intuitions are something like instinct—an instinct conscious, refined, spiritualized—and if instinct is still nearer life than intellect and science? Intuition and intellect do not oppose each other . . . The future seems to belong to a philosophy which will take into account the whole of what is given." And Bergson but expresses his part of a great realization that is awakening the learned throughout the world.

The influence of this philosophy is everywhere evident in the writings and teachings of the medical profession.

In a series of special articles in the British Medical Journal of June 18, 1910, Sir Clifford Allbutt, one of the most respected and prolific writers, whose religious, as well as whose medical orthodoxy is apparent, shows the Bergson influence markedly. I shall quote one paragraph (4):

"To me it appears that our light and consolation are in this: that the conceptions of all the religions have been, and still are, too static; that as

*An Address to The Denver Philosophical Society delivered February 1, 1912.

in all else our conceptions are expanding from those of being to those of becoming; to apprehend that the Divine Soul has striven with chaos as in its microcosm the human soul is striving, that even for God himself the cross was on the way of perfection. And if to any readers such a meditation seems untimely or overestimated, I must plead that by this way only have I been able to gain a foothold or to give a provisional answer to the problems on which thoughtful men are seeking counsel and amid their failures and afflictions consolation."

The editorial writer of the British Medical Journal, in the same number, ends his article in these words (5):

"The amazing result of recent physical research, that investigation of the tangible, concrete, and sensible, conducted along the lines of rigidly inductive science, leads directly to the intangible, supra-sensitive and inconceivable, to a world in which all values derived from our experience become futile, and whose actual nature can only be dimly suggested by mathematical symbols, is doing away with the old antagonism between idealism and materialism, the sole respect for the ideal and disdain of the material. But if monism be embraced, of whatever form, there seems no escape from the logical conclusion that mind is either everywhere or nowhere."

In his address as chairman of the Physiological Section of the British Association, delivered on July 31, 1911, Professor J. S. Macdonald (6) acknowledged the intimate relation between physiology and psychology, showing as stated in "The Lancet" that "the expositors of the most exact scientific methods are willing to admit the possibility of the ultimate inclusion within the realms of experiment and demonstration of what has up to now been treated as a domain purely for dialectics and empiricism."

Did my time allow, I might refer to

the expressed opinions on the same order of many world known leaders in scientific work.

I look upon scientific theories as simply working hypotheses which we hold subject to amendment or alteration as our knowledge advances. With our mental limitations and material restrictions, I believe no knowledge can be more than elementary, and consequently no theory can be looked upon as being more than approximately true.

It is beyond question that seeming differences in discussion are due more often to the lack of clear definition in our terms, than to real difference of opinion. The temptation, therefore, to discuss terms and theories is very great, but the necessary brevity of this address compels me to omit these.

Theories of "activity-processes" and of forces which only a few years ago were tabooed in scientific discussion as impossible and unnecessary, although still as imponderable, intangible and incomprehensible as ever, are now finding recognition. While they cannot be easily proved or disproved, it is impossible to give any theory of the origin of or of the ordinary phenomena of life without admitting them. To me the recognition of life, necessitates the admitting of some such theory.

Bergson uses the term "consciousness" to express the general forces that seem to underlie and perhaps produce all the phenomena of life. In psychotherapy, however, this term is used to describe the personal or individual consciousness, and its use in the broader sense might lead to confusion. On the other hand, the word "mind" has come in the popular philosophy of the day to be much used in the same sense. I shall, therefore, use this simple and generally understood term, "mind," to designate this unclassified energy. In using this term, I do not necessarily adopt any of the various metaphysical theories that have been advanced concerning it. I use it

simply to designate those energies which are manifest in the "creative evolution" progressing about us, and in the phenomena of ordinary physical life.

If we admit this energy, we may define physical life as the result of the action of mind upon matter or substance. The term, matter, or substance, is understood by all—it is not necessary that we should discuss its origin or its limitations, and the term "physical life" can lead to no confusion.

There may then be, indeed, I would say, there certainly is a great imponderable, incomprehensible energy, which, by its action upon matter, produces that state which we know as physical life.

Let me briefly sketch some of the phenomena of physical life, by following in brief outline, the life history of an individual human being. The physical life of the individual first becomes distinguishable as a single cell, which, by rapid proliferation, soon becomes an apparently indefinite mass of multiplying cells. The development of a mature organism from this original cell seems to be a repetition in all its stages, of the evolutionary development of this higher being from the early elementary one-celled organism.

At first, each cell is a complete organism in itself, performing all the various necessary elementary functions, and apparently carrying, in some inscrutable manner, the memory of all the experience of its progenitors. Soon, we see that these cells begin to arrange themselves into definite groups, and each of these groups takes up some one of the many functions originally performed by the parent cell—this specialization of function being accompanied by a specializing change in structure. This specialization is termed "differentiation," and a group of cells performing the same function generally becomes an organ—the entirety of the

structures being an organism. And now, we see, that as these cells and groups become separated from other cells and elementary organs, as co-ordination and co-operation in action is necessary for all, connecting fibres are developed to maintain connection between all the parts and to enable all the cells to act in unison.

Soon, apparently to facilitate the constant inter-communication, these nerve fibres from the cells are converged into special cells called "ganglion cells," which receive the incoming or afferent messages from the peripheral cells, and then send out efferent messages over other nerve fibres to other cells as they require instruction and direction for their co-operative action.

It seems impossible to believe that there is not a purposeful energy behind these evolutionary developments, an intelligent, directing force adapting matter for its physical expression.

Thus we see the beginning of the development of a nervous system. The arrangement is very suggestive of the modern central telephonic station, with this difference, the efferent message (sent out) is never of the same nature or character as the afferent impulse (coming in). Indeed, the change wrought in the transformer or ganglion cells, is often most radical, and a single afferent impulse may lead to many efferent impulses, differing both in direction and in character. These afferent impulses are known as sensory impulses, while the efferent or centrifugal impulses, are generally classed together as motor, because they impel action. These motor impulses may be divided into three groups:

1. Those stimulating muscle cells and causing muscular movements.
2. Those stimulating glandular activities, and causing the secretions; and,
3. Trophic currents which govern and control the nutrition and metabolism of the tissues.

There is a group of secreted agents which is of especial importance to us in these investigations, though they have been so recently discovered that they have not yet been classified with the general secretions. The substances which produce immunity from disease, and by which infection is controlled and the toxins neutralized are, taken all together, called, for convenience, the anti-bodies. They are supposed to be secreted by certain cells found chiefly in the blood, the stimulus to their production being, apparently, the presence of the special toxins in the tissues. Their formation, however, is so analogous to the better known secretions, and they vary so in different individuals under the same apparent conditions, and again in the same individual under varying conditions, that it seems to me probable that their function is controlled by some nerve centre or centres, and that they should be classed with the secretory group.

Thus, every cell is sending and receiving impulses, for no cell acts entirely independently of all the other cells of the organism. The afferent tract, the ganglion centre and the efferent tract constitute what is known as the reflex arc.

As organization goes on and becomes more elaborate, the development of the nerve centres becomes more and more elaborate and complex. First a ganglion cell or group of cells can perform all the necessary duties, but as the mechanism becomes more and more complex, higher nerve centres become developed, to which the immediate centres of the arc refer the messages they are unable to handle. Series of centres, one above the other, are thus developed, until, at last, we come, quite late in the history of development, to those supreme centres exercising ultimate control, which, in the higher animals are situated in the brain.

It is important to note that these higher and more complex centres de-

velop subsequently to the lower, and so are an upward evolutionary development.

When a higher centre is necessary for the elaboration of a process, the higher centre seems to retire from activity as soon as the lower centres have learned to control this process. Thus, we find, to quote from James' "Principles of Psychology," (7) "The tendency of consciousness to a minimum of complication, is in fact a dominating law." That is to say, a higher centre never comes into action, if a lower centre can adequately control the action. But while lower centres can act apparently independently of higher centres, the higher centres seem always to have, and often to directly exercise a controlling influence over the lower centres in all their actions.

When this control is exercised to increase action, it is spoken of as "stimulation," and when exercised to diminish action, "inhibition."

As development advances, organs form whose sole purpose is to receive impressions from physical conditions external to the organism, and send sensory impulses to the centres. These are, of course, the organs of special sense, and these special impulses act especially in enabling the organism to adjust itself to its environment.

So far, we have only considered efferent impulses that have been excited by afferent impulses, that is, by sensory impulses, and hence, such efferent impulses are called reflex, or sensori-motor impulses.

But in considering sensori-motor impulses, it is difficult to imagine any law of substance which could operate so as to enable the nerve centres to produce such complex activity, for every efferent impulse is modified, not only by the circumstances environing the organism, but also by the past experiences of the organism, and indeed by the experience of the progenitors of the organism. And a yet even more

astonishing adjustment is the production and maintenance of symmetrical balance. Every organ, every part, if normal, develops into definite proportion to each other part. Thus, our hands, develop with corresponding symmetry, and jointly they correspond with the rest of our bodies.

There must be centres controlling this adjustment as well as centres regulating the "hormonic equilibrium" of the secretions. The action of these controlling centres seems absolutely peculiar to each individual, for with apparently the exact duplication of conditions, we may find two individuals entirely different in development.

If this is in compliance with some mechanical law, the law must be capable of modification and adjustment for each individual organism.

The energy impelling this elaborate evolutionary development seems to be impulsive to a higher and more complex organism at each step. Experience leads us to believe that where mechanical and insensible laws act, a uniform standard is maintained, there is no advance, but often deterioration.

Does not advance imply intelligent direction, and does not intelligence convey the idea of mind? It is upon such points as this that Bergson brings us so much light and knowledge.

It, therefore, appears that in the growth and development of any individual, there is a constantly active selecting and discriminating agent whose activity is individual to that being. And the same activity continues in maintaining the physical condition of the developed organism; its nutrition; its constant recuperation and repair; its resistance to the attacks of disease, and, indeed, its ability to meet the constantly changing conditions within itself and in its environment.

In order to place this something which constantly manifests itself in activity, we turn to the theory of the individual mind.

Let us then express these ideas briefly:

The individual living being is made up of material or substance which becomes organized, that is, takes form and displays phenomena under the direction of an agency which we term the mind, and this agent acts so entirely in the interest of this individual as distinct from the rest of the universe, that we must, for practical purposes, consider it as an individual mind.

In other words, our bodies are controlled by an agent that we call the mind, and this agent is constantly active in the growth and development and in the nutrition and preservation of the body, indeed, is the agent through which it reacts to its environment.

The supreme controlling centres are localized in the gray matter of the brain. Associated with them, we find consciousness, the highest evolved faculty of physical life, the faculty by which we are aware of ourselves in relation to our environment. I cannot, and indeed, need not attempt to define consciousness, for each of us has a definite idea of it. It is necessarily the subject of the greatest interest in our discussion. Being associated with the functions of the most highly differentiated centres, and apparently dominating their activities, it follows, if this be true, and if the rule and order characterizing development from the lower centres up still holds good, that consciousness must dominate all the lower centres, and hold the potential control of all the tissues and function of the body.

In close relationship to consciousness are ideation and imagination. Bergson calls the brain the organ of choice, choice necessarily implying both volition and memory. The ability to choose conveys the idea of the ability to act. Having then exercised the function of choice in action, do these higher

centres initiate efferent impulses to execute this selected activity?

Psychologists teach us that states in consciousness not only can initiate efferent impulses, but that such states in their very essential being do produce these impulses, that is, there cannot be thought without the production of tissue activity.

Halleck's (8) little text book used here in the schools, says: "An idea always has a motor element, however obscure; in other words, an idea is partially incipient motor action. . . . A motor idea, unless restrained, tends to go out immediately in definite action."

James says: (9), "Consciousness is in its very nature impulsive.

"We may lay it down for certain, that every representation of a movement awakens in some degree the actual movement which is its object; and awakens it in a maximum degree whenever it is not kept from so doing by antagonistic representation present simultaneously in the mind (10).

"A waking man's behaviour is thus at all times the result of two opposing neutral forces; with unimaginable fineness some currents among the cells and fibres of his brain are playing on the motor nerves, whilst other currents, as unimaginably fine, are playing on the first currents, damming or helping them, altering their direction or their speed. The upshot of it all is, that whilst the currents must always end by being drained off through some motor nerves, they are drained off sometimes through one set and sometimes through another" (11).

That is, not only are the lower instinctive and automatic centers constantly giving out activity impulses, which if normal are conducive to health, resistance and repair, but impulses generated by mental states are also going to the tissues, often stimulating, but, alas, often inhibiting.

But one exclaims: If the attitude of the mind directly produces health or

directly produces disorder, why is any one diseased or disordered, for none in his normal mind ever chose to be other than well?

The quotations just given, while they affirm the influence of the representation in consciousness, also intimate the reason why this influence is not always beneficial. In one, the antagonistic representation may prevent healthy action, and in another the conflicting currents pervert the energy.

Thus, we have to consider the existence of efferent impulses other than reflex or sensori-motor impulses; such impulses being ideo-motor in character. The distinction between the two classes is definite and clear in the main, and we need not discuss the abstract aspects of the question. There is certainly an extensive middle area, especially when we consider efferent impulses originating through the emotions.

But before discussing these impulses, let us further elaborate our working definition of "mind."

The many theories of mind can be grouped under three general headings (12).

To the pure materialist, there is no mind or consciousness, except that produced by the activity of the cells of the gray matter of the brain. It is thus an extraordinary phenomenon super-added to the function of these cells, and limited to them, and hence this theory is called "epiphenomenalism."

Many thinkers, realizing that epiphenomenalism does not cover the full realities of psychic life, but unwilling to admit these phenomena to scientific consideration, have developed and accepted the peculiar theory of "parallelism." That is, that along parallel lines, but absolutely independent of each other, the phenomena of physical life and of psychical life co-exist, one subject to scientific analysis, the other imponderable, and so beyond investi-

gation. Many learned men accept this theory, though it seems on first sight almost an absurdity to "the man on the street."

I have already said that the theory that a vital energy interacts upon the physical organism to produce the phenomena of physical life seems to me to be the only explanation. This places this theory as one of the third class, known as "interactionalism," which is, today, the most militant group.

Titchener (13) defines a mind (he recognizes no mind but that of the individual) as "the sum total of mental processes occurring in the lifetime of an individual," and consciousness, as "the sum total of mental processes occurring now, at any given present time." It is now the generally accepted theory in psychology that every experience in the life of the individual becomes a permanent element in the mental make up, nothing is lost. Every idea, sensation and emotion, as it occurs, becomes an integral part of the individual mind. Everything that one has thought, said, felt, or in any degree been conscious of, is a permanent and active constituent of the mind.

In speaking of this fact, that every event of the mind remains permanent and active, Bergson says in "Creative Evolution: (14) "The past grows without ceasing, so also there is no limit to its preservation. Memory is not a faculty of putting away recollections in a drawer, or of inscribing them in a register. There is no register, no drawer, there is not even, properly speaking, a faculty, for a faculty works intermittently, when it will, and when it can, whilst the piling up of the past upon the past goes on without relaxation. In reality, the past is preserved by itself, automatically. In its entirety, probably, it follows us at every instant. All that we have felt, thought and willed from our earliest infancy, is there, leaning over the present, which

is about to join it, pressing against the portals of consciousness that would fain leave it outside. . . . Our past, then, as a whole, is made manifest to us in its impulses; it is felt in the form of **tendency**, although a small part of it only is known as idea."

Ideas and impressions do not become incorporated into the mind as individual entities. Each forms relations with those occurring with it, and with those already present, hence there is a constant re-arrangement and re-adjustment of our mental attitudes. When a number of ideas come into relation with one another, about some one dominating idea, forming a sort of compound idea, the mass is termed a "complex." Complexes vary to the greatest degree, in size, inclusiveness, arrangement and stability. The ideas of a complex are in close association, and the representation of any one of them in consciousness, will almost necessarily call up the complex as a whole.

The elements constituting a complex are usually those ideas presented in association and in relation with the central idea, and those called up by memory of events connected with it, and hence are often ideas of doubt, fear and antagonism.

The nature of the feeling, and so the state of mind excited by the representation of a complex, is determined by the nature of the dominating elements.

I am under the greatest obligation to Dr. Sidis, of the many writers on this subject, for the elucidation of the theory of complex formation and disintegration. The theory seemed, at first, strained and impracticable, but once comprehended, it works so perfectly into the circumstances of everyday life and practice, that it soon becomes a reality.

If the association of the constituents of a complex can only be disturbed with difficulty, it is termed a stable complex, and the process of fixing the as-

sociation is generally termed organization or crystallization, and the firmly crystallized complex a "fixed idea." Fixed ideas are considered to be normal, or abnormal, as they are logical and reasonable in their relations. Accident, habit of thought and choice play much part in the formation of complexes. Attention is the important agent of stability.

Complexes are not distinct in outline, or definite in arrangement; they shade and blend into each other in a most complicated way. They, too, become associated together and lead imperceptibly one into the other as their relations and environment influence them in the stream of consciousness.

Many causes influence the stability of a complex in consciousness. The central idea may have been presented with unusual vigor; it may have been emphasized by some accidental association, or it may have had a very emotional environment. Frequent repetition, undoubtedly, gives an idea extreme impressiveness.

The insistency of active complexes to persist and to recur in consciousness, varies greatly, chiefly under the influence of volition, habit and desire. Many hold that the chief influence in the admission and recurrence in consciousness of a complex, is its quality of producing pleasurable emotions. If disagreeable, or from any cause objectionable, a complex may be entirely suppressed from consciousness, but it still remains active in impulse through its associations.

Complexes, insistent in activity, but excluded from consciousness, may even be lost to ordinary memory, but still continuously influence the flow of consciousness, and often lead to the formation of new abnormal complexes. These suppressed complexes are considered of the greatest importance by most psychopathologists. They are, as Bergson says above, manifest as impulse and felt only as tendency. New complexes,

originating in association with suppressed complexes, often present entirely new abnormal psychic and physical elements. These are sometimes in the nature of substitution, and sometimes simply perversions of energy. Their origin is often only discovered after long mental analysis.

Complexes, especially those in which motor elements predominate, if crystallized, whether normal or abnormal, tend to drop deeper and deeper from consciousness, and may become entirely automatic in the lower centres, and completely lost to ordinary memory.

The process by which associations are broken, whether temporarily or permanently, and their condition after such a break, is termed "dissociation."

Dissociation may occur volitionally or accidentally, directly or indirectly. The most frequent process of the dissociation of a complex is probably the new association of its active elements into new complexes.

Mental plasticity, that is, a facility of dissociating and reassociating complexes, is a characteristic of youth, but as age increases, the associations tend to become so organized as to be impregnable. Some minds, however, retain their plasticity, but even then as years advance, complexes which are habitually entertained, tend to become fixed.

We acquire habits in thinking and in point of view, in the same way as we acquire physical habits. The complex is at first a matter of accident or of volition, but through attention and indulgence, it gradually becomes more and more automatic. Complexes, then, may be made up of elements which excite efferent impulses in very opposite directions to that which we would consciously select. Take, for instance, the complex formed by the presentation of the idea of some certain disease or disorder. We have known persons suffering from this disease—the ideas of fear, dread, horror, the pictures of its various symptoms, and its seeming in-

evitable course, are all in close association. The efferent impulse excited by such a complex, is anything but that which would produce impulses stimulating health, tissue control, and resistance. These ideas, if not positively impulsive to abnormal conditions, are certainly inhibitions to desirable impulses, but they are, undoubtedly, often the cause of impulses to disorder.

We shall now return to the question asked some time ago:

If the mental attitude can maintain health, why is any one diseased or disordered?

It is because, through ignorance of our powers, we have allowed injurious elements to enter complexes dominating consciousness, so that when the presentation of certain ideas should have aroused efferent impulses of helpful energy, they have really excited either the inhibition of these energies, or impulses to abnormal conditions. In other words, inhibition outweighs stimulation in the average mind; for inhibition constantly accompanies ideas of fear, doubt, antagonism, argument, inquiry and egotistical assertion. Just as our unfortunate physical habits cause us ceaseless discomfort of body, so our unwisely formed mental complexes are keeping us from the exercise of powers that are, though unrealized, within our grasp.

How few are the persons who have taken the trouble to investigate the power of the mind over the body, indeed, who have not cultivated fixed ideas to the contrary; who do not anticipate or fear disease or disorder when exposed to certain conditions; who do not habitually contradict any new or unusual ideas on this question, because they know that their rational common sense is too great to enable them to believe any such nonsense; indeed, in whom the thought of mental control does not at once excite a thousand and contradictory questionings.

All these are inhibitions to the ex-

ercise of beneficial control. Again, to quote James' "Psychology" (15):

"What checks our impulses is the mere thinking of reasons to the contrary, it is their bare presence in the mind which gives the veto and makes acts otherwise seductive, impossible to perform. If we could only forget our scruples, our doubts, our fears, what exultant energy we should for a while display."

It is difficult for us to realize the part that will or choice plays in the development of a desired mental attitude. In the giving of sympathetic attention, we exercise the function of will. Every one knows what is meant by attention. Any one with average intelligence can give some degree of attention to any idea. Attention is unstable, but can be wonderfully increased by training. Volitional attention is the important factor in producing desired attitudes. In order to give clearly and briefly an idea of the psychological teachings of the action of volition, I shall quote a few detached paragraphs from James' "Principles":

"We reach the heart of our inquiry into volition when we ask by what process it is that the thought of any given object comes to prevail stably in the mind" (16).

"Attention, with effort, is all that any case of volition implies" (17).

"Effort of attention, is thus the essential phenomenon of will" (18).

"The only resistance which our will can possibly experience is the resistance which such an idea offers to being attended to at all. To attend to it is the volitional act," etc. (19).

"It seems as if we ought to look for the secret of an idea's impulsiveness . . . in the urgency . . . with which it is able to compel attention and dominate in consciousness" (20).

"Everywhere then the function of the effort is the same, to keep affirming and adopting a thought . . ." (21).

"To sustain a representation, to think, is in short, the only moral act for the impulsive . . ." (22).

"The idea to be consented to, must be . . . held steadily before the mind, until it fills the mind" (23).

"The difficulty lies in gaining the possession of that field. Though the spontaneous drift of thought is all the other way, the attention must be kept strained on that one object until at last it grows so as to **maintain itself before the mind with ease**. This strain of the attention is the fundamental act of will. And the will's work is in most cases practically ended when the bare presence to our thought of the naturally unwelcome object has been secured, for the mysterious tie between the thought and the motor centres next comes into play, and in a way which we cannot even guess at, the obedience of the bodily organs follows as a matter of course" (24).

"Gradually our will can lead us to results by a very simple method. We need only, in cold blood, act as if the thing in question were real, and keep acting as if it were real, and it will infallibly end by growing into such a connection with our life, that it will become real" (25).

And here we have a reference to another element in the achievement of results, that is, in order that we may be certain that a given idea present in the mind shall produce the desired conditions, the presentation of the idea should be accompanied by a "sense of reality." Will leads almost unconsciously into belief.

By a "sense of reality" is meant a clear sense of certainty, a belief that the result desired shall be attained.

Again, I cannot in my limited time, more clearly explain than by quoting a few paragraphs from our psychology:

"Will and belief in short, meaning a certain relation between objects and the self, are two names for one and

the same psychological phenomenon" (26).

"In its inner nature belief in the sense of reality, is a sort of feeling more allied to the emotions than to anything else" (27).

"The true opposites to belief are doubt and inquiry, not disbelief" (28).

"Any object which remains uncontradicted is *ipso facto* an absolute reality" (29).

"Express consent to the reality of what is attended to, is often an additional and quite distinct phenomenon involved" (30).

"Connection of the reality of things with their effectiveness as motives is a tale that has never yet been fully told" (31).

Now, then, if all this be true, and remember I have only repeated to you the teachings of recognized authorities of the scientific world, if then, they be true teachers, what have we learned?

That an intelligent, discriminating force is acting in the growth, development and maintenance of the body from the beginning; this force is sometimes called instinct, intuition, inherited faculty, or some such term, while the regenerative energy has long been termed the "*vis medicatrix naturae*." We have here included all these in one single term, "*mind*."

That in the advance of evolution as the highest centres become developed, a personal consciousness appears dominating all the lower centres.

That personal consciousness has the faculty of choice, which, of course, includes memory, and implies freedom.

That the exercise of physical control is not by direct "*fiat*," but by the development of states of mind, or what we may term mental attitudes. That the function of the "*will*" is to direct and maintain attention upon the matter chosen, and by this means to develop the necessary state or attitude.

That attitudes of mind tend to become habitual and automatic in action, and that they in their very nature produce ideo-motor currents by which the physical organism is constantly influenced.

That the bases of mental attitudes are complexes and the sum of the mental life of the individual is ever present and active in these complexes, though the field of actual consciousness is very limited. It is thus impossible to separate the mind and the body in physical life. Constant interaction is maintained, and just as growth and development through sensori-motor impulses are physiological in their activity, so where consciousness becomes developed, ideo-motor impulses are in like manner physiological. That the fact that we allow injurious ideas of fear, doubt and questioning to dominate the complexes controlling physical life is our misfortune, originating in ignorance of our powers and a lack of the exercise of volitional attention, but that this is essentially a characteristic of the phenomenon of freedom.

We thus see that if we can, through the imagination, picture in consciousness, an ideal condition and give it a sense of reality we are, in so doing, causing ideo-motor currents tending to make a reality of this picture.

And in this we have the whole theory of psychotherapy. It is mental education and the cultivation of the attention towards the dissociation of abnormal and injurious complexes and the building up of those that are normal and beneficial to physical and mental health.

If these theories of ideo-motor energy are the realities that they appear to be, we must surely find in practical everyday life proof of this reality.

And indeed we do. Analyse almost any of the phenomena of ordinary life, and you will find it.

In general a good digestion accompanies a clear and easy conscience. Op-

timism is accompanied by good health, pessimism by physical inactivity. That man who is always looking for symptoms, and talking of disease, often becomes an invalid. He who constantly debates upon his digestive functions, soon becomes a dyspeptic.

And as in general conditions, so in specific diseases. The man who has a dread of some specific disease, is apt to contract that disease, be it pneumonia, typhoid fever, cancer, tuberculosis, or any other disease. It is, of course, impossible to get statistics on this fact, but I believe that any experienced, observant medical man, will admit it to be true. This, of course, does not mean that this mental attitude causes this special disease; it means that resistance to this specific infection is inhibited, so that the liability to contract the disease is increased. Of course, in any disease, but a small proportion of those exposed to infection, contract the disease.

I shall give a specific example in the frequent contraction of what is not considered a specific disease, but one chiefly due to certain local and mechanical conditions, the germs of infection being always at hand, and ready to act if resistance be reduced. I refer to the prevalence of appendicitis among the nurses in our hospital training schools. A very large proportion of the nurses is operated upon for this disease. In the last class in St. Luke's Hospital of sixteen young women, selected for mental and physical vigor, twelve have been operated upon for appendicitis. Able and brilliant papers have been written to try and explain this susceptibility, but to me the cause is simple. A girl entering the hospital and coming for the first time into contact with numbers of these cases, naturally thinks "shall I be next?" She soon forgets this idea, but the dangerous complex is formed, and goes on growing in insistency. Resist-

ance is lessened, and the tendency established.

I must emphasize my opinion that if a surgeon finds a pronounced case of appendicitis threatening to become worse, and does not operate immediately, he is neglecting his duty. The way and the time to prevent the complication is by the formation of complexes of resistance before the disease has begun.

As with the contraction of disease, so also with the control of disease. It is difficult in the presence of an actual condition of suffering and disorder, for the mind to rise to a realization of its latent powers, especially in the man of well organized complexes, but still it is possible, though this is more often seen in sub-acute and chronic conditions, than in acute, and then more often through the mind anchoring its state of confident expectancy upon some material agency. I consider, however, that this in no way alters the fact of a compliance with our theory. It simply shows the habitual attitude of our minds in looking for material results from material agents.

For example, we have all heard of the cures of rheumatic conditions by the wearing of an iron ring, or the carrying of a potato or a chestnut in the pocket. Children often cure their warts by some fantastic procedure.

No one can know, in a given case, how much of the result of treatment is due to expectant attention, and how much to the remedy administered. Nor, when we use electricity, manipulations, massage, posturings, or breathing exercises, can it be determined whether the cause of the result is subjective, or objective.

The curative qualities of mineral springs, and of religious shrines can be comprehended more definitely, when we understand the force of a confident anticipation. Scientific investigation has shown that many of

the phenomenal cures at Lourdes are genuine.

Remember that in the theory that I have presented to you, the only insistent idea is that the control of the body is exercised through the action of certain physiological motor currents passing from the nerve centres to the various cells, which by co-operation and co-ordination in action give us the phenomena of life. What further energies may reach these centres to stimulate them to action, I do not discuss. The theory is broad enough for all, or it would not be a working hypothesis.

I have said there must be an active energy, or mind, behind it all, and that is, I suppose, a vitalistic metaphysic. It certainly gives room for any further hypothesis that you may select to read into it, such as a theory of magnetic or electric fluid, of a mesmeric or telepathic emanation, or of any of the many ideas of spiritual energy.

It must, however, be born in mind that these miracles of health are not peculiar to any one race of men, much less to any one religion or philosophy, or to any one condition of environment. They seem to be characteristic of the human mind under whatever circumstance it may be found.

Constantly, we meet the question, if this theory of mental energy be true, why do we meet persons who have anticipated disease, who often escape it, and persons who never think of, or, indeed, who have never heard of some specific disease, who often contract, and succumb to it?

We can formulate no rule that meets all the circumstances of life, it is too complicated to be explained by any one aphorism. Every result in the physical universe seems to depend upon the disturbances of the balance between opposing forces. The complex directs the active energy of the individual mind, often the dominating ideas of the complex are so deeply submerged

as to be practically undiscoverable, indeed, may, as many believe, go back to inherited influences, but yet, the mind of the individual physical life must be subject to the general laws of the physical universe.

It is not difficult to imagine an infection so virulent, or so malignant, as to overwhelm ordinary resistance, especially when that resistance is inactive, or uncultivated. When we remember that the usual cause of disease is a living organism, we see that the question of the origin of disease is generally a question of a vitalistic energy against a vitalistic energy—of physical life against physical life.

Again the questions of external psychic influences are yet uncomprehended problems, to which we can here only refer. If the theory of a "pluralistic universe" (32) can be imagined a reality, there are no limits to the possibilities.

It is because of this association of physical and psychical conditions in the causation of disease, that it seems to me that it is essential that those to whom the treatment of human disorders is delegated should be thoroughly instructed in all the scientific knowledge that is attainable upon both aspects of life.

Even if, theoretically, the mind is the dominating energy of the body, it stands to reason as the body is purely substance and subject to the physical laws of substance, that material, mechanical and physico-chemical agencies must often be necessary to produce physical results; and the beneficent remedial action of many such agents upon the living organism, is beyond question.

Briefly, as we exist in a physical environment, we must, necessarily, use physical agents.

Further, understanding the formation and organization of complexes, we must realize that in the average man, the mental attitudes have become so crystallized that it is useless to try to dis-

sociate them, except through indirect agencies, and generally by those of a physical nature. I take it, the fault is not in the use of physical agents, but in the neglect of psychical agents. In other words, the sins of my profession are not those of commission, but those of omission. We have been so enthusiastic in the use of physical agents, that we have neglected the facts of the psychical side of life. But there was excuse for this enthusiasm, for the world has not before seen such an advance in practical knowledge, as has been made by the science of medicine in the last thirty-five years, especially in discoveries in the nature of disease and of its prevention. And this is why I must again emphasize the necessity for the instruction of those entrusted with the physical care of our bodies in all those branches of knowledge which are closely related to the causation and treatment of disease.

Psychotherapy is then the readjustment of the disordered complexes. The essentials for its beneficent exercise on the part of the physician are some knowledge of the mind, as well as of the body, and of the various disorders to which both mind and body are liable.

In that very comprehensive symposium (33) read at the meeting of the American Therapeutic Society at New Haven in May, 1909, Dr. Morton Prince (who has written so much to help us in this subject), says: A knowledge is essential of the formation of complexes, of the conservation of ideas, of dissociation, of the automatic action of the mind, and of the influence of the emotions in order to understand the principles of psychotherapy.

The essential problem in practice is of course the dissociation and disintegration of abnormal complexes. In an open mind, free from opposing fixed ideas, wonders can often be achieved.

The most difficult conditions to meet are when the offending complex is buried and perhaps forgotten in ordinary

memory. It is in these cases by using the process known as psycho-analysis that Freud of Vienna and his followers have achieved so much; for, as in physical conditions, normal activity tends to reappear just as soon as we have removed the cause of the disease.

As in physical conditions, the first step towards the relief of the pathological is the relief of tension, so in mental conditions we must relieve the tension; that is, the strained activity of the pathological complexes. Indeed, this relief of tension and the attainment of a passive acquiescent, expectant attention is the first step towards dissociation in all mental treatments.

The particular mode of procedure to dissociate the abnormal complex and to bring about complete disintegration and readjustment, varies greatly with different operators.

Indirect or accidental agents, as we have said, often produce the desired readjustment, but a satisfactory treatment demands the use of direct understood means to bring about the desired result.

The term "suggestion" simply means the presentation of an idea to the subject. There is nothing mysterious about it. It only becomes important when, from a condition of dissociation or other cause, the suggestion is accepted with a sense of reality and a state of mind developed in which helpful ideomotor energy is generated and all inhibition removed.

States of dissociation occur accidentally, volitionally, or through the willing acceptance of a suggestion. Any degree of dissociation may be present from one of simply passive volitional attention to profound coma.

In the profounder states of dissociation, suggestions forcefully presented, often lead to unforeseeable conditions. But these sudden, unusual phenomena are, in general, not so satisfactory in the end, as the slower processes of educational readjustment during states of

passive expectant attention. These states of passive expectant attention, accompanied by that desirable condition of relaxed tension, are more often present than we ordinarily realize. We find them in the sick room, in the religious service and on many occasions characterized by marked mental distraction, astonishment or confusion; and it is then that suggestion is readily received and adopted, and becomes markedly effective.

It is beyond question that in any subject willing to give passive, expectant attention, a sympathetic operator can aid in the production of mental attitudes, that through the removal of inhibitions, and the generation of ideomotor energy, lead to extraordinary recoveries.

On the other hand, a resisting, questioning attitude, generally due to organized antagonistic complexes, can rarely be overcome.

Instantaneous recoveries and other astonishing results are often seen when the expectant attitude of the patient and the environment are especially co-operative.

Many individual cases illustrating these various phenomena are on record, and have been read by nearly every one, and I need not reproduce them here.

I hope I have said enough to give you some idea of my point of view, and to clear this subject of some of the air of mystery in which it is constantly enshrouded. We clearly see on learning a little of the activities of the mind, how every physician in his work is, whether he recognizes it or not, exciting mental attitudes in his patient which are important toward the results of his treatment. Indeed, it becomes apparent that each of us in each moment of our lives in all that we do and say and think, is not only remodeling our own character, but is presenting suggestions to all about us that

are positive and permanent in their effects.

REFERENCES.

1. See articles and papers published in Medical Journals.
2. For articles showing general influence, see Bjorkman in "Review of Reviews," Aug., 1911; "Independent," (N. Y.), June 8, 1911, page 1247.
3. "Hibbert Journal," Oct., 1911.
4. "British Medical Journal," June 18, 1910, page 1454.
5. "Ibid," page 1502.
6. "The Lancet," Oct. 25, 1911, page 1203.
7. James' "Principles of Psychology" (Holt & Co., 1905), Vol. II, page 496.
8. Halleck's "Psychology, etc.," page 317.
9. James' "P. of P.," Vol. II, page 526.
10. "Ibid," page 256 and page 527.
12. G. B. Balfour, "Hibbert Journal," Vol. VIII (1910), page 543.
13. Titchener, "A Text Book of Psychology," page 194.
14. Bergson's "Creative Evolution" (Holt, 1911), page 406.
15. James, Vol. 11, page 559; 16, page 561; 17, page 561; 18, page 562; 19, page 567; 20, page 559; 21, page 565; 22, page 566; 23, page 564; 24, page 564; 25, page 321; 26, page 321; 27, page 283; 28, page 284; 29, page 289; 30, page 268; 31, page 547.
32. "A Pluralistic Universe," James, Longman, Green, 1909.
33. Psychotherapeutics," The Gorham Press, 1909.

A NEW DEPARTURE IN THE TREATMENT OF TUBERCULOSIS.

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(Second Article)

In a preliminary report read before this society the contention was made that if an antiseptic or germicide could be brought into actual contact with tuberculous tissue the bacillus could be inhibited or killed.

Great interest has been aroused in the past year or so in the so called chemo-therapy, which has an affinity for certain tissues or organisms and not others. Such an action we see in salvarsan directed against the spirochaeta pallida—selenium with its affinity for certain cancer cells, etc. In both of these products the blood stream has been chosen as the active carrier to distribute them to all parts of the body tissues. Along these lines I attempted to select a chemical that might have more or less of a specific affinity for the tubercular bacillus, particularly located in the lung tissue. In view of the fact that the tubercular bacillus is protected by a coating or capsule of wax or fat, I chose iodine, on account of its well

known fat splitting qualities and also for its reputation as an active germicide. The venous blood stream was chosen to carry this iodine as a means of applying this directly to the lungs, by way of the right heart, the pulmonary arteries and the network of capillaries that surround the air vesicles and permeate the entire lung tissue, before being returned to the arterial circulation; thus supplying the direct application of an antiseptic to the lung.

After some experimental work was done, the iodine was safely administered intravenously. Creosote and guaiacol were added to this, on account of their active anaesthetic and antiseptic action, giving immediate relief to sensitive and congested conditions of the chest.

After a seven months' use of this product some conclusions can be drawn as to its advantages or disadvantages over other methods of treating this most intractable disease. The expected fat

splitting qualities of the iodine were not borne out by the facts presented; yet repeated examinations of the tubercular bacillus in sputum evidently shows a decreasing affinity for the carbol fuchsin or acid fast stain, as many or most of the bacilli seem almost transparent. Fatty material in general is believed to have an affinity for the acid fast stains; this is in contradistinction to living fat nourished by vital force. The smegma bacillus is of this class, but not so great as the tubercular bacillus. So it is with fat droplets that find their way into sputum.

The venous route seems to be the ideal route for direct medical application to the lungs. Whether iodine will prove to be the best of such applications, the future must determine. The improvement in this disease under this treatment so far, I believe to be more rapid than anything heretofore brought out. It exceeds in efficiency the tuberculins, serums or vaccines; yet tuberculin should be given to maintain immunity, if possible. There seems enough evidence to show that all or most cases, except the very late, improve more rapidly than by any other means. How long this improvement would last I cannot tell. The first treatment was administered medicinally September 12, 1911, and the patient is still under the iodine treatment and continues to improve.

There is no evidence to show that iodine has a destructive action on living or vital fat, as some colleagues have suggested, or any other tissue or cells of the body. There is also no evidence to show that the treatment shows a haemolytic or any other destructive action on the cells or plasma of the blood stream; inversely, there is every reason to believe that all cells of the body are stimulated in their growth, and especially the red blood cells, as there seems to be an increase in the count, also in body weight and resistance in all cases treated, except in the far advanced and hopeless cases, and even

these seem to have been sustained while under its use.

It has been thought that iodine caused a viscosity of the blood stream; I have been unable to determine this. There has been noted a decided increase in the red blood cells during treatment, either apparent or actual. The blood cells are increased on a straight count. On account of the supposed slight enlargement or stretching of the heart in this altitude, we expect an increase in the red blood count, or it may be due to a peripheral stasis. If this increase in the blood cells, during iodine treatment, is due to peripheral stasis or enlargement or stretching of the heart, then this increase is apparent. Personally I believe this increase to be actual, as there is a corresponding increase in the haemoglobin index, which would seem to bear out this belief. The blood has been examined before and after treatment and an increase is always found. There is no destruction of the red cell; inversely the irregular type of anemic cell seems to be replaced when found by the healthy cell.

After much time and work given to the refinement of the preparation and improvement of technique of administration of these preparations of iodine, I have confined myself to two methods of administration and three preparations of the same. A preliminary dose of 14 grains of sodium iodide with 1/15 grain each of creosote and guaiacol in an alkaline solution of 10 cc., which is further diluted with 10 cc. of double distilled water at time of administration. If no idiosyncrasy is shown on this amount, the treatment is continued with a preparation like the other, except that this contains 27 grains of the iodine salt.

The first or office method for ambulatory cases is used by using an all glass 20 cc. syringe with a very small needle, to administer the first two preparations. The second method and third preparation is used by administering 38 grains of the neutral iodine salt in about 200

cc. of double distilled water by the gravity method, using a glass indicator which I had the honor of exhibiting to this society some time past.

The first two preparations are given from a week to ten days apart. The second method is used about every three weeks, and in the patient's home and while in bed, the patient remaining there from 24 to 48 hours after receiving the treatment.

Chills and other disagreeable manifestations can be avoided by a perfect technique, both in preparing the distilled water and the administration of the product, just as the disagreeable features can be avoided in giving salvarsan. I have had no chills or vomiting in administering the latter recently.

A word is appropriate at this time in the preparation of saline solutions to have perfectly agreeable and smooth results in intravenous injections. The first 10% of distillate should be thrown aside. This will contain the volatile matter, which comes over first. Turn your fire out when about 10% of water is left in still. This prevents any of the more solid matter coming over. To have a perfect solution redistill the distillate in the same manner. Add your saline while distillate is hot. The salt will dissolve without much agitation. Allow to stand an hour in order that all sediment may settle to the bottom of solution; draw off all except the bottom sediment with a siphon made of bent glass. It is useless to try to get a perfectly clear solution by any manner of filtration. The saline solution can be re-siphoned and sterilized at any time.

Twenty patients have been on the iodine treatment for varying lengths of time since September, 1911, ranging in degree from incipient to the late hopeless cases. Bronchitis and pneumonia have been treated with gratifying results.

A short history of each case is as follows:

Mr. M., veteran of the Spanish-American War, serving in the Philippines, age 34. Negative family history. Purulent or third stage. 25% of lung affected. Both sides. Cavity in left lower lobe. In March, 1904, caught heavy cold. June had heavy hemorrhage. Came to Colorado August, 1904. Gave up position in 1908, being unable to hold it longer. Has not been able to hold a position since on account of hemorrhage and fever, on slight exertion. Was treated with the vaccine and tuberculin from April, 1910, to September, 1911, with but slight improvement. In September, 1911, was given the first intravenous solution. Immediate improvement was experienced in freedom in breathing and capacity. There was a steady gain in endurance and resistance. January 15, 1912, showed a blood count of 6,444,000 red cells, with the haemoglobin at 90%. Sputum still contains bacillus, but stains weakly. He has been working steadily, putting in long hours and exposed to all kinds of weather. Very little moisture and no cavities can be found.

Mrs. P., Married, age, 24; positive family history. Disease of four years standing. Fibrinous type; 20% of lung tissue involved. Weight, 105. First treatment, September, 1911, and has had seven in all. On September 19, 1911, haemoglobin was at 80. December 8, 1911, 90%. January 25, 1912, 95%, with a red blood count on this date of 5,020,000. Weight, February 28, 1912, 124, and seems perfectly well.

Mrs. T. E., married; age, 45. Ailing for a number of years. Two heavy hemorrhages in August, 1910. Diagnosis of pulmonary tuberculosis at that time, with 35 per cent lung involvement. Sputum positive. Fibrinous type. First treatment, September 11, 1911. Seven in all. Marked improvement in strength and weight. No hemorrhages since. December, 1911, conceived marked aversion to treatment. She has declined somewhat since that time.

Mrs. W., married; age, 24. Positive family history. Purulent or third stage. Virulent mixed infection. First treatment, September 21, 1911. Seven in all. Apparent improvement for a time, but finally gave up the treatment, believing that nothing of value was being accomplished. Since that time she has gained nine pounds in weight, believed to have been result of former treatment. She had been treated with vaccines and tuberculin previously without results. October 30, 1911, haemoglobin, 85%; weight, 93 3/4; April 8, 1912, haemoglobin, 95%; weight, 102; April 8, 1912, red blood count, 4,604,000.

Mrs. R., married; age 39. Family history unknown. Purulent stage, with cavities and virulent mixed infection. Late case. Poor surroundings with no knowledge of self-care. Children to care for. September 30, given first treatment. Five in all. Nothing accomplished.

Mr. E. M., married; age 39. Positive family history. Purulent or third stage, 50% lung involvement. Vaccine and tuberculin used with but little improvement. First treatment, September 25, 1911. Six in all. Decided improvement until financial condition necessitated his returning east to his people.

Mr. W., single; age 27. Positive family history; 45% involvement. Purulent third stage. Vaccine and tuberculin treatment, 16 months. First series, rapid improvement. After a rest of several months from treatment, suffered a severe recrudescence. Second series failed to improve. Following a heavy cold in the fall of 1911, he was in a precarious condition. First treatment with the intravenous solution was given September 22, 1911, receiving two, when he contracted bilateral pneumonia, while engaged in opening a new store freshly plastered. The prognosis was very grave, owing to his condition, Dr. J. N. Hall being in consultation. The large intravenous administrations of the solution were administered

weekly. He recovered from the pneumonia, but on account of the great destruction of lung tissue he was unable to exist without oxygen, using as many as five tanks a day. When it was impossible to keep this supply up by his friends, he succumbed. I believe the solution had a sustaining influence. On drawing blood for the purpose of embalming, it was a noticeable fact that the blood was not clotted as expected in such cases.

Mr. D., married; age, 35. Negative family history. Almost complete involvement of lungs. Fibrinous process, of five years' duration. Extreme dyspnoea. A negative prognosis was given, but advised treatment for relief, which was consented to. Haemoglobin, 80%; blood pressure, 115. Four treatments were given with some relief of his dyspnoea. No other improvement.

Mr. L., single; age, 43. Incipient tuberculosis. Following a prolonged spree, he developed a hemorrhage, March 28, 1909. Sputum positive. Moisture at apex of right lung. Vaccine and tuberculin treatment from March, 1909, to May, 1911. Gained his usual weight and was considered an arrested case. November, 1911, he began to lose weight and feel and look badly. Began his vaccine and tuberculin treatment, but did not do so well and this solution was given first, January 25, 1912. Haemoglobin, 80%; red blood count, 4,004,000. Four treatments have been administered so far and improvement has been rapid. April 9, 1912, haemoglobin, 95%; April 9, 1912, red blood count, 4,464,000; increase, 460,000.

Mr. C., single; age, 29. Positive family history. Sputum positive to tubercular bacillus and virulent mixed infection. Purulent or third stage, with 15% involvement. Haemoglobin, 80%; red blood count, 4,104,000. Treatment began, January 25, 1912. No improvement. Tuberculin administered with the solution and vaccines given. This case is believed to be of the miliary

type. March 26, 1912, haemoglobin, 90%; March 26, 1912, red blood count, 4,008,000; loss of 96,000.

Mrs. S., married; age, 31. Negative family history; 10% involvement, exudative stage. Haemoglobin, 80%; red blood count, 4,104,000. Treatment began January 15, 1912. So far four treatments given. March 3, 1912, haemoglobin, 85%; red blood count, 4,560,000; increase, 456,000.

Mr. B., age, 35. Book-keeper. Pulmonary tuberculosis for past six years; 50% involvement. Purulent or third stage. Virulent mixed infection. Treated two years with tuberculin and vaccines, his condition being held stationary only. September, 1910, a tubercular testicle developed. At this time the urine was examined with a view to giving an anesthetic for removal of testicle. Albumin in large quantity was found at this time. Very few pus cells, but casts and other debris were found. The testicle was removed under local anesthetic. June 6, 1911, the other testicle became infected and a portion of this was removed under local anesthetic; albumin being still present, and has persisted until recently. First treatment given, January 6, 1912. Haemoglobin, 85%; red blood count, 4,800,000; March 16, 1912, had received four treatments. General improvement in endurance and strength. Albumin disappeared from the urine for the first time in eighteen months. A tubercular kidney had been suspected for some time. April 8, 1912, haemoglobin, 90%; April 8, 1912, red blood count, 5,360,000; increase, 400,000.

Dr. B., dentist; 34 years. Doubtful family history. Suspected tuberculosis. Has been seen by Drs. Arneill, Ely, Packard, and X-ray by Childs. No definite diagnosis made, but tubercular caries of the spine suspected. When I was called I suspected a pulmonary tuberculosis trouble, but the patient did not respond to Moro's test. Neither could I demonstrate the tubercular bacillus in the sputum. The iodine

treatment was administered for some time without apparent results, except an increase in the red blood cells. Count, February 21, 1912, 3,748,000; haemoglobin, 75%; white cells, 12,666; March 6, 1912, red cells, 4,256,000; haemoglobin, 85%. This patient has had a persistent temperature for over a year. During a differential leucocyte count, which showed a high percentage of the polymorphonuclears, suspicious germ-like bodies were stained, which led to a blood culture being made, and which produced a luxuriant growth of the colon bacillus. This patient will need, no doubt, surgical attention for ptosis of the colon.

Mr. C. P. R., age, 25; book-keeper. Two aunts on father's side died of tuberculosis. Father had tubercular fistula. Has had cough five years, with a very putrid expectoration. Came to Colorado in October, 1911. Gained in weight for a time, then began to lose weight. Came under observation, February 9, 1912. Examination showed moisture at apices, with tubular breathing over large area. Sputum negative to tubercular bacillus, but contained virulent mixed infection. Moro's test positive. Red blood count, 4,960,000; white count, 6,800; haemoglobin, 85%. Began the treatment, February 15, 1912. Gave vaccines and tuberculin, together with the iodine intravenous treatments, five in all. Improvement noticeable after second treatment. April 8, 1912: red blood count, 5,360,000; gain of 400,000; haemoglobin, 90%; gain of 10%; gained six pounds in weight.

Dr. F., physician; age, 42 years. Family history unknown. Previously in Colorado for his health, but had to return, having suffered an exacerbation of his trouble. While in Denver he received two treatments, which gave him a great deal of relief in breathing and chest freedom. He continued his treatment after leaving Denver. Says

and eating more than he ever did. Has had two negative Moro's tests in the past month or two and will resume practice.

Dr. Finney reports that a case by him made rapid improvement, the patient having been previously bed-ridden and running a high temperature. After beginning treatment the patient was relieved. Temperature went down. Gained in weight and strength sufficiently to be about and come to the office for consultation. Later, on account of domestic worries and trouble, he suffered a relapse and died. This was a late or third stage case.

Dr. Reed of Grand Junction reports

that he has obtained better results in two months with this treatment than he was able to get on two years' tuberculin and vaccine treatment, on the same patient.

Conclusion.

I believe the intravenous method of administering iodine is a logical, efficient treatment. It increases the red blood cells rapidly and increases resistance, endurance and strength, and in many cases increases the weight. With creosote added, it gives prompt relief in dyspnoea and acts as an efficient anesthetic to pleurisy or chest pains.

MEDICAL PROGRESS

Strophanthin Injections in Cardiac Insufficiency.—Intravenous injections of strophanthin, says A. Fraenkel (quoted in the *Prescriber*), are specially valuable in cases in which the liver, stomach and bowel are unable to tolerate digitalis. In one of his cases the patient received twenty injections each of one milligram of strophanthin in the course of three months.

Vaccine Treatment of Hydrocele.—Mallannah (quoted in *New York Medical Journal*) has used with great satisfaction a vaccine containing from five to ten millions of *B. pyocyaneus* or *Staphylococcus pyogenes aureus*, after tapping the hydrocele (in some cases without tapping). The injection of this vaccine into the sac causes a severe inflammation, lasting seven days. When the inflammation subsides the scrotum becomes reduced in size and the hydrocele is cured.

The Squatting Posture During Labor.—The editor of the *New York Medical Journal* corroborates the views of Englemann and King as to the practical value of this natural posture in facilitating difficult labor. In one instance, a face presentation with good dilatation but cessation of pains, the pains returned at once on taking this squatting position and the delivery of the head was accomplished almost before the patient could be returned to bed.

The Simultaneous Treatment of Twenty-Seven Cases of Burns.—J. F. Alexander (Merck's Archives) recently had this unusual opportunity for testing various remedies in the treatment of burns. He found picric acid solution (keeping gauze continually moist, covering with oiled paper, and renewing dressing every second or third

day), superior to other dressings in burns of the first degree, and "perfectly satisfactory" in those of the second degree. Boric acid solution baths (for 2 to 6 hours, repeated at intervals of 2 to 6 hours) gave best results in burns of the second degree. Ichthyol ointment (48 grains to 2 drams of olive oil, incorporated with enough lanolin to make 5 ounces, covered with gauze, then oiled paper), was most efficacious in burns of the third degree. In every case all lesions were thoroughly cleansed with soap and water before any dressing was applied. Then, in cases where there was considerable destruction of skin, hydrogen peroxid was applied. This liquid is also useful to dissolve inspissated material, which causes the dressing to adhere. It is essential to rapid healing that the washing previous to dressing be thorough yet gentle, and all exfoliated epithelium should be removed, even from areas not strictly within the circumference of the burn.

The Formalin Injection Treatment of Cavities.—For four or five years Murphy of Chicago has been treating tuberculous, septic and gonorrheal joints by aspiration (if much effusion), and the injection of a 2 per cent by volume combination of formalin in glycerin. He injects 2 or 3 cc. of the thick liquid, under a general anesthetic, since it is very painful here. One or several injections of this kind often produce remarkable improvement. In empyema, instead of resecting a rib, he now aspirates as much of the effusion as comes readily, and then injects 4 or 5 cc. of the formalin mixture without general anesthesia, repeating the procedure as the case demands. McCartney of Denver has employed these injections with satisfaction.

given bronchopneumonia is due to the pneumococcus, the streptococcus or the influenza bacillus, yet in these days of increasingly successful vaccine therapy it is far more important to know that it is a certain bacterial infection than to be sure that a bronchopneumonia is present. Even more important is it to determine that multifarious syphilis is the cause of the organic changes taking place rapidly in nose or brain or aorta, than to make a diagnosis of rhinitis, cerebritis or aortitis. In other diseases than syphilis, whenever the case is obscure, blood cultures are coming to be recognized as of great and sometimes of paramount value.

In the writer's opinion, it would be of far more benefit to our patients, and satisfaction to ourselves, to make our diagnoses somewhat as follows: Too much fat or casein in the milk—not merely "gastritis" or "enterocolitis;" streptococcal dust infection—not "follicular tonsillitis;" colon bacilluria—not "subacute cystitis;" alcohol stomach—not "chronic mucous gastritis;" gonorrheal arthritis—not "chronic rheumatism;" late hours, making a spread, damfoolishness—not "neurasthenia." If not, why not?

THE MODERN TREATMENT OF EPILEPSY.

"Idiopathic" epilepsy begins before the age of 20 years in 85 per cent of cases. Until the actual nature of the metabolic perversion which appears to underlie this disease is determined, little progress can be looked for in its treatment. That the pituitary gland may be concerned in some manner as an etiologic factor, seems probable from X-ray examinations of the sella turcica (enlarged or irregular), made under the direction of Dercum and others. The value of physical work in the open air and of baths and a restricted diet, was well known to Hippocrates and Galen. The bromids were introduced as remedies for epilepsy by Laycock in 1853,

and still maintain their pre-eminence as palliatives. In the March number of the Therapeutic Gazette appears a helpful symposium on the treatment of epilepsy, which we utilize below.

S. Weir Mitchell has found that while bromids (preferably lithium bromid, because it contains most bromin), are our chief reliance in major epilepsy, certain cases of petit mal respond much more favorably to some of the coal-tar products. Amyl nitrite inhalations (introduced by Mitchell in 1871) are useful in preventing individual attacks, providing the patient has time to employ the remedy. When a peripheral aura is present, a sudden ligation of the limb frequently prevents the attack. A long inhalation, holding the nose and then forcibly contracting the chest, may likewise obviate a threatened convulsion. The bromids should be increased grain by grain until the restraining dose is attained, and then at the end of two years without attacks the drug should be slowly withdrawn grain by grain. Arsenic in full doses and hot baths usually prevent the annoying effects of bromids on the skin.

F. X. Dercum advocates bowel movements once or twice daily, the free ingestion of water, tepid sponge bathing, sleeping in well ventilated rooms, gentle exercise (never overfatigue) in open air, a mixed diet including milk, vegetables and a moderate amount of white meats and starchy foods, with prolonged courses of abstinence from salt. He administers sodium glycerophosphate along with the bromid of sodium. Thyroid extract, in small doses over long periods of time, has value only in epileptic children with rather marked stigmata of arrested development. Serum treatment has so far proved of no service. Pituitrin is worth trying.

Wm. J. Taylor, working alone and with Keen, concludes that traumatic epileptiform attacks and idiopathic epilepsy with focal symptoms give war-

Denver Medical Times and Utah Medical Journal

PUBLISHED MONTHLY BY

THE MEDICAL TIMES PUBLISHING COMPANY.

Subscriptions, \$1.00 per year, in advance.

Single Copies, 15 cents

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THE MEDICAL TIMES PUBLISHING COMPANY,

1839 Champa Street, Denver, Colo.

Address all Articles, Personals and other items of interest, and Books for Review to the Editor, Edward C. Hill
632 Metropolitan Building, Denver, Colo.

Our scale of prices for REPRINTS about covers actual cost. Those requiring reprints of published matter must order at the time of revising their proofs; price list for reprints on application to Business Office.

Entered at the Postoffice at Denver, Colorado, as mail matter of the Second Class.

Business Office Telephone, Main 5035

Editorial Office Telephone, Main 2340

ETIOLOGIC DIAGNOSIS.

Too many of our diagnoses belong to the realm of mere nomenclature. Consider, for example, erythema in all its forms. What does the term mean but a flush or simple redness of the skin, which the patient is aware that he has—only he knows it in English? The true and useful diagnosis is in finding out the cause of this capillary congestion, whether it be sun or chemicals or enterotoxins or what not else, and so remove the source of the trouble. A person may have a severe conjunctivitis or keratitis due to a cinder in the eye, but the first and chief consideration is to remove the foreign body. Again, it is wiser to "catch the crabs" than to devote time and effort to the treatment of the resulting dermatitis.

Excessive or defective functioning of an organ is a very frequent cause of bodily distress, yet these functional variations are nearly always the result of

underlying habits and conditions. When we have determined the existence of hyperchlorhydria, we have got the diagnostic tail, the head of which may be the abuse of tobacco, worry, eye strain, gallstones, appendiceal adhesions or any one of a number of other possible factors. The overacting or hypertrophied heart may be a sequel of athletic strain, high altitudes, exophthalmic goiter or interstitial nephritis. The glycosuria of diabetes has close causal relations with the nervous system, the liver and the pancreas. Excess of uric acid in the blood and urine is nearly always secondary to some defect in the circulation or in pulmonary oxygenation of the blood.

It is a noteworthy fact that the signs and symptoms manifested in any particular organ do not vary distinctively with the nature of the infecting germs. Thus, there is no means of determining by the physical signs alone whether a

BLOOD VITALITY



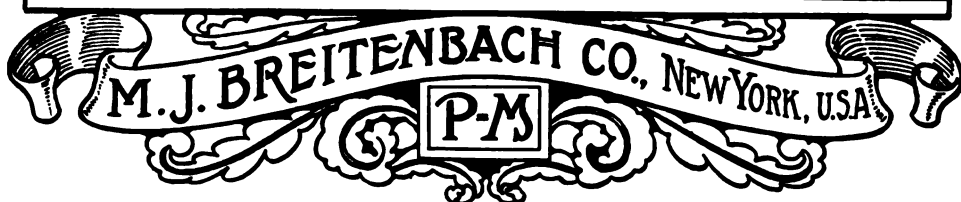
The essence of life is the blood. The vital element of the blood is hemoglobin. Without a normal percentage of this elementary principle the tissues are insufficiently oxygenated and poorly nourished. With a proper proportion, the vital functions are quickened and the entire system fortified.

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"The following simple rules for the prevention of tetanus are given:

- "1. Freely incise every wound.
- "2. Carefully and thoroughly remove from the wound every particle of foreign matter.
- "3. Cauterize the wound thoroughly with Tincture of Iodine.
- "4. Apply a loose wet boric acid pack.
- "5. Inject subcutaneously 1500 units antitetanic serum (Tetanus Antitoxin).
- "6. In no case should the wound be closed; it should be allowed to heal by granulation. The dressing and packing should be removed every day."—Ed., *J. A. M. A.*, 1909, vol. ii, page 954.

"Tetanus Antitoxin is effective, * * * * * This agency is no longer 'of doubtful value' or 'in the experimental stage;' indeed, in our belief, this has now been so well demonstrated that the physician neglecting its use would be held legally negligent in the event of any suit.

"Prophylactic doses of Tetanus Antitoxin (1500 units) given immediately upon the injury are almost absolutely effective. Nevertheless, they should be given at any time up to the appearance of the symptoms."—Ed., *Boston Med. and Surg. Jour.*, 1910, vol. i, page 684.

Mulford's Tetanus Antitoxin is Furnished in Improved Glass Syringes by All Prominent Pharmacists

1500 units (immunizing dose); 3000 units (therapeutic dose); 5000 units (therapeutic dose).

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rant for surgical intervention. "The earlier the operation the better the results, for after two years the associated fibers are almost certain to have undergone degeneration and little can then be promised. * * * A wide opening should always be made in the skull, generally by an osteoplastic flap, to enable the surface of the brain to be examined."

Wm. T. Shanahan, superintendent of the Craig Colony for Epileptics at Sonoma, N. Y., says that during the 16 years it has been established 3,460 patients have been admitted. During this period only 51 cases have been discharged as cured, and 553 as improved. He emphasizes the importance of psychic influence and of careful supervision of infants and children who have had spasms or convulsions of any kind. When seizures are prone to occur at a certain time of day or night, giving a sedative a few hours before may ward off the attack. Syphilitic epileptiform seizures usually begin after the age of 20 and are best treated, says the writer, with salvarsan and mercury. Colonic flushings and even drastic catharsis are valuable prophylactic measures. At Craig Colony no beneficial results have been obtained from a trial of calcium lactate. Confirmed epileptics should, without exception, live in special institutions with those of their kind.

Charles H. Frazier contributes a finely illustrated article entitled "Personal Observations and Deductions as to the Pathogenesis and Surgical Treatment of Epilepsy, Based upon a Series of 63 Cases." Of 25 cases operated on three years or more ago, seven have been profoundly influenced for good. He concludes that operative intervention should be regarded as justifiable: "(a) In traumatic epilepsy with external evidence of an injury; (b) in traumatic epilepsy without external evidence of any injury when the nature of the attacks or the symptoms immediately following the injury indicate the seat of the lesion; (c) in all forms of Jackso-

nian epilepsy of whatever origin; (d) in general epilepsy where the suggestion of a focal lesion may be found by a careful physical examination before or after the attacks in some disturbance of motion, sensation or reflexes."

ANENT PSYCHOTHERAPY.

Consciously or unconsciously, we all employ mental measures in treating disease. Indeed, there is often more in the doctor than in his medicine. Calm self-control in emergencies and the power and will to cheer up the patient on all occasions are invaluable qualities in the physician or surgeon. The more definite application of psychotherapeutics, as in hypnotism and suggestion, is utilized by some members of the profession with gratifying success. Whether direct or indirect suggestion shall be employed depends largely on the personal predilections of the attendant. For my own part, I prefer the indirect influence which accompanies thorough physical examination, careful case records and a real interest in the welfare of my patients.

The pioneer in the field of psychotherapy is very liable to be misunderstood and unappreciated by his fellow practitioners, particularly those of his own city and state. They are apt to regard him as did the Scottish fraternity Lister when they advised the American Marcy to "have nothing to do with Lister and ignore his lectures altogether." We have the honor and privilege in the present issue of the Denver Medical Times to provide our readers with an excellent resume of the whole subject of psychotherapy by one of the foremost surgeons of the West, whose views have rightly broadened with his ripening years. His essay is in the main a philosophic exposition of underlying reasons and relations. Doubtless psychotherapy often fails, as do all other means, but who is infallible?

BOOST FOR DENVER.

Now that the municipal election is over, and the matter is settled for four years, whether to the satisfaction of all concerned or not, let us forget internecine strife and mutual recriminations, and boost for Denver, the gem of the mountains, the rose of the plains, where the sun ever beams and every breath of air is like a draught of nectar. Bury the hammer and let the corners of the mouth turn up. Every hill has its valley, and a continuous plateau of prosperity is not a reasonable expectation. If there is work to be done, and you have the money to pay for it, now is the time to keep the money on the move. Everything betokens a banner year for Colorado in the volume of its natural products. Let the medical profession, publicans as well as scribes and pharisees, do their share in hastening and welcoming the return of good times.

THE RECENT SCARLET FEVER EPIDEMIC.

Dear Doctor: Knowing the physicians of this state will be interested in the late epidemic of scarlet fever in this city, I thought it advisable to give you the exact facts. On May 4 one of the milkers of the Brookridge Dairy was attacked by scarlet fever. He was immediately brought to this city and sent to the Steele Hospital. On May 5 the daughter of the proprietor of the dairy was reported as having scarlet fever by the physician; she had been removed to the city the day before, and hence the report of the sickness did not give the dairy as her residence. The physician, Dr. Bergtold, however, visited the department and gave the information. The department then telephoned to every house in this city which was under quarantine for scarlet fever to find out where they re-

ceived their milk supply, and with two exceptions it was found that all used milk from the Brookridge dairy. In an hour after the result of telephoning, the dairy was closed by the department and the contagium was stopped. The cases developed were exceedingly malignant, most of the deaths occurring before the end of the third day of sickness.

The infected dairy was a model institution, and in fact was the show place of this state. No expense had been spared to make the sanitary conditions perfect and far beyond what was required by the health department. The floors of the cow stalls are all concrete, thoroughly drained and kept scrupulously clean; the cows are all curried before they are milked; the udders are washed with soap and water and then dried with sterile cloths. The milk bottles are washed by machines, and are put through several waters and are then put in a large sterilizer. The dairy has its own ice plant, a complete sterilization outfit; the bottles are filled by machines, and even the caps of the bottles are put on by machines; in fact, everything is done to avoid handling of the milk by the employees.

The source of contamination was in all probability due to the milkman. The employees of the dairy are all Hollanders and speak but little English. One of them was no doubt taken ill with the disease, and like people of his kind, made no complaint, either to the proprietor or the foreman, until he became too ill to work; then the nature of the disease was discovered, but it was too late to prevent infection. It was something that occasionally happens in all institutions, no matter what precautions have been taken.

Yours very truly,
W. H. SHARPLEY,
Health Commissioner.

PERSONALS

Dr. O. M. Gilbert and family are now in Europe.

Dr. W. R. Collins of Georgetown has moved to Chicago.

Dr. C. E. Cooper took in Atlantic City the middle part of May.

Dr. W. W. Freeman of Fowler died, April 13th, at the age of 62.

Dr. Mary E. Phelps, Canon City, is now at New Berg, Indiana.

Dr. Carlyle Pollock has removed from Rocky Ford to Denver.

Dr. Tandy A. Hughes is convalescing from a serious illness.

Dr. A. H. Crawford has been appointed city physician of Lamar.

Dr. H. H. Martin is around again, and as spry and just as good as new.

Dr. and Mrs. N. C. Beck rejoice in the advent of a handsome baby boy.

Dr. J. W. Purcell has been elected coroner of Denver on the Citizens ticket.

Dr. R. L. Charles is spending several weeks in New York and Atlantic City.

Dr. Clyde A. Duniway has been elected president of the Wyoming State University.

Dr. K. C. Shapiro has returned to Denver after several weeks of rest in California.

Dr. A. T. Monismith of Fort Lupton dropped in on Denver friends the middle of May.

Dr. J. S. Kennelley of Longmont, a practitioner of 33 years' experience, died April 21st.

Dr. A. L. Fugard of Pueblo attended the recent meeting of the A. M. A. in Atlantic City.

Dr. Carroll E. Edson is spending a fortnight or so recuperating in New York and Boston.

Dr. Charlie Powers left Denver, the latter part of May, for New York City and Europe.

Dr. F. M. Cooper of Manitou is running for coroner of El Paso County on the Socialist ticket.

The residence of Dr. C. A. Ellis was damaged to the extent of \$1,000 by fire and water, May 5th.

Dr. Edgar F. Conant announces his removal from 11 Stedman Building to 722 Fourteenth street.

Dr. F. W. Acker has offices both in Georgetown and Idaho Springs, dividing his time between the two towns.

Dr. B. L. Jefferson was recently called to Columbus, Ga., to attend the funeral of his father, Mr. Rollin Jefferson, Sr.

Dr. J. E. Kinney has returned to Denver after five weeks' sojourn in Washington, New York and other eastern centers.

Drs. S. B. Childs and J. W. Perkins have taken offices in the Metropolitan Building, every room of which is now occupied.

The University of Denver has had over

1,200 students enrolled during the past year, more than 900 taking lessons at the Park.

Dr. Charlotte Burton of Fort Collins visited her brother, Dr. F. A. Burton of Denver, and his family, in the month of May.

Dr. E. A. Elder of Pueblo was called to Cliston, Ohio, in the second week of last month, by the sudden death of his father.

Dr. R. F. Rohlfing of Colorado City has moved into his pretty new bungalow on the corner of Colorado avenue and Third street.

Adjutant General John Chase was in Washington, D. C., the latter part of May, in consultation with the U. S. War Department.

Dr. J. H. Moninger was elected president of the Board of Education at the May election in the Edgewater district of Jefferson County.

Dr. J. H. Kellogg, county health officer of Prowers County, gives notice to whom it may concern, that all dead animals must be buried.

Dr. Matt R. Root will sail from New York, June 13, for a three months' sojourn at the chief clinics of Great Britain and the Continent.

Dr. William H. Ellis has opened a dental office at 616-617 Commonwealth Building, taking over the practice of the late Dr. A. L. Whitney.

Dr. Knudson Hanson of Grand Junction is visiting his parents in Norway and will spend a year in post-graduate work in Berlin and Vienna.

Dr. Desacker has removed from Georgetown to New York, but from reliable sources we learn that Georgetown has still all the physicians needed.

We are pleased to note that Dr. H. F. Thulin, who was recently operated for appendicitis at St. Joseph's Hospital, has made a good recovery.

We learn from the Critique that Dr. Elliott M. Clark, formerly of Alamosa, has taken over the practice of the late Dr. Walter Joel King at Golden.

Dr. S. C. Halley, Fort Collins, Colo., was married on May 21st to Miss Frances G. Hopkins of Grainfield, Kansas. We wish them health, happiness and prosperity.

The graduating class of the medical department of the State University comprises 39 members, of whom 27 are holdovers from the Denver and Gross College of Medicine.

The town of Lafayette has been afflicted with a serious epidemic of smallpox, thought to have originated from some second-hand clothes sent to the striking miners.

Dr. N. G. Burnham has leased the ground of his old office on 14th street, and has opened a suite of offices with Dr. G. W. Palmer on the third floor of the Mack Building.

Dr. James W. Holland has resigned the

chair of medical chemistry and toxicology and the office of dean in Jefferson Medical College, positions which he has held over twenty years.

Dr. Frank M. McCartney is holding surgical clinics at St. Anthony's Hospital, Tuesdays and Saturdays, beginning at 8:30 a. m. All members of the medical profession are invited to attend.

Dr. Lida B. Russell was united in matrimony, May 29th, to Mr. C. A. Appegarde, a retired lumberman of Wyncoff, Wis. Mr. Appegarde had been one of the doctor's patients at 1529 Gaylord street.

Drs. Wm. N. Beggs and J. H. East were among the members of the Denver Chamber of Commerce who addressed the school children, May 17th, upon the resources and industries of Colorado.

Dr. Elizabeth Cassidy, Dr. G. W. Holden and Dr. R. W. Corwin are among the delegates appointed by the governor to attend the National Conference of Charities and Correction, to be held in Cleveland, O., June 1-19.

The State Agricultural College is growing in stature and in prestige. The college enrollment has increased from 253 last year to 322 this year, and the School of Agriculture for grammar school graduates, from 291 to 331.

That flourishing medical society, the Twentieth Century Club, has now attained its full quota of 25 members. Dr. A. H. Earley is president this year; Mr. M. H. Mayers is secretary; Dr. G. S. Peck is treasurer.

Dr. Watson's son is about to receive the degree of D. D. S. from the Colorado College of Dental Surgery, and now the question is whether the new sign shall read, "Arthur C. Watson and Son" or "Charles H. Watson and Father."

Dr. J. N. Hall gave the address at the annual banquet of the Nebraska State Medical Society at Lincoln, May 8th, upon "The Advantages and Disadvantages of Medical Study at the Larger Schools and at the Smaller Ones."

Dr. A. E. Mead, a prominent pioneer physician of Greeley, died suddenly of heart disease, May 25th, at the age of 70. Dr. Mead came to Greeley from Cayuga, N. Y., 33 years ago, and had during his prime a very large practice.

Dr. J. W. Amesme was called recently to Michigan to see his father, whose life was despaired of because of a perforating gastric ulcer. We are pleased to note that the elder Amesme has made a good recovery—without surgical intervention.

Dr. Paul M. Lennox of Colorado Springs and Miss Jetta Gunsolus of Manitou were married, May 9th, in the church at Manitou. After a brief honeymoon residence at Palmer Lake, they have made their home in Colorado Springs.

Dr. T. Mitchell Burns, one of our most valued associated editors, was elected Alder-

man for the Tenth Ward at the recent election. Dr. Burns possesses all the qualifications for an efficient, capable and faithful city official.

Politics is a curious affair. It appears the way in which to draw the largest vote is to use the perpendicular pronoun incessantly, and to slander your home city by voice and by pen on all occasions—always for good money, of course.

Dr. and Mrs. Charles Jaeger and their daughters, Misses Emma and Dorothy, will sail from New York, June 15th, on the Princess Irene for an extended tour of Europe. They plan to return to Denver about the first of October.

Dr. and Mrs. C. G. Parsons, who have been enjoying themselves in California, will return to Denver by the first of June. The doctor read a paper on nitrous oxid and oxygen anesthesia before the Los Angeles and San Jose County medical societies.

According to the Pueblo Chieftain, the health officer of that city has adopted the sensible plan of testing for dirt in milk, by forcing a pint of the milk in a copper cylinder through a disc of cotton, practically all the dirt being retained in the cotton as mute evidence.

According to the new edition of the American Medical Directory, Colorado has 1,772 physicians, of whom 742 were members of the State Medical Society, November 1, 1911. Denver has only 713 medical men, including "regulars," homeopaths, eclectics and physio-medics.

Dr. Thomas J. Gallaher read an excellent paper on the operative treatment of frontal sinus disease before the second May meeting of the Denver County Medical Society and exhibited two patients for whom the operation described had produced nearly perfect results.

Dr. Van Dyke McKelvey of Denver was married in Omaha, May 5th, to Miss Clara Frank. The young couple's romance began in St. Luke's Hospital, where Dr. McKelvey was serving as medical interne and Miss Frank as nurse. They will make their home in Denver.

Dr. R. S. Allen, 1600 South Broadway,, was the "main guy" at a surprise party the early part of May. Just whether it was to celebrate the genial doctor's golden wedding anniversary or his one hundredth birthday we did not learn, but they had a splendid time anyway.

Dr. Daniel K. Pearsons of Chicago, the noted medical philanthropist, died on April 27th, at the ripe old age of 92. He had given away nearly all his fortune of twenty millions (accumulated from Chicago real estate and Michigan timber lands) to small and impecunious colleges.

A new 12-story fireproof office building, exclusively for physicians' and dentists, costing over \$1,000,000, extending the full width of a block and 50 feet deep, is now ready for occupancy in St. Paul. On the

roof, 200 feet high, is a laboratory and emergency operating room for the use of the tenants.

Says the Pueblo Chieftain: "The treasury department at Washington, which denied a young woman inspector leave of absence on the strength of a certificate of ill health from a Christian Science practitioner, might have tried the experiment of allowing the young woman to do her work by absent treatment."

Dr. Wm. M. Bane, the son of Dr. Wm. C. Bane of Denver, is about to graduate, with an honorable record, from the Northwestern University Medical School, after which he will enter into service at the Denver City and County Hospital. Dr. George B. Packard's son graduates at the same time from the same college.

Dr. W. H. Sharpley, health commissioner of Denver during the past eight years, announced that he has resumed the practice of medicine, with offices (3 to 5 p. m.) at 409-410 Wyoming Building. Dr. Sharpley retires from the health commissionership with an excellent record of strict attention to duty and a common sense administration.

The assistant district attorney, Dewey C. Bailey, Jr., has nolle prossed the case against B. A. Bohman, charged with neglect of his son, Jacob, on account of not getting him fitted with glasses, said dismissal of the case being due to the difficulty in proving that the boy's eyesight had actually been injured because of the want of spectacles.

There was a good attendance at the county society luncheon, held at the Savoy Hotel, May 15th, President Davis presiding. The society was addressed by Mr. Ed. J. Yetter and Mr. John T. Brady in regard to the aims and work of the Denver Chamber of Commerce, which now has a membership of about 1850, including not a few medical men.

The new mayor of Denver has made the following appointments of interest to the local medical profession: Health commissioner, Dr. J. M. Perkins; superintendent of County Hospital, Dr. Rose Kidd Beere; medical inspector and head of the Steele Hospital, Dr. R. Albi; milk inspector, Dr. L. J. Weldon. All of these are good men and true, with the exception of Dr. Beere (who is a lady). Dr. Perkins has been Mr. Arnold's family physician for some time.

The Colorado College of Dental Surgery is just completing its 24th year. It ranks very high as a dental school and over half of the dentists practicing in Denver are its graduates. The annual banquet tendered to the 35 members of the graduating class was given at the Savoy Hotel on the evening of May 29th, and was participated in by 117 ladies and gentlemen. Dr. Arthur C. Watson was an inimitable toastmaster, and happy and witty responses were made by Drs. W. D. Engle, H. A. Fynn, J. N. Hall, Rea P. McGee, H. F. Hoffman, A. G. Staunton, A. W. Starbuck and S. F. Richards. The University of Denver Glee Club furnished several numbers of sweet music.

Dr. and Mrs. H. G. Wetherill spent most of May and the first week of June in Washington, Baltimore and Atlantic City, where the doctor read a paper on "Incomplete Abdominal Surgery," before the gynecologic section of the American Medical Association. His article was essentially a plea for more thorough and complete abdominal exploration and operation and a consideration of the inadequacy and incompleteness of special regional surgery in limited fields, setting forth the correlative character of certain pathologic conditions of the various abdominal viscera and the necessity for dealing with them collectively, a justification of a large and suitably situated parietal incision.

FOREIGN JOURNALS

(Translations by Dr. Joseph Cuneo.)

Denver, Colo.

Raynaud's Disease (Variot, *Gazette des Hopitaux*, February 15, 1912).

The author reports a very exceptional case of Maurice Raynaud's disease in a three-year old infant. Raynaud's disease at this age is unusual, because it is rather rare under the age of twenty, although it is really a "juvenile" gangrene.

Generally, symmetric gangrene of the extremities does not present distinct characteristics in children, the gangrene being usually very limited. The case of the author presents several remarkable particularities.

At the beginning it is very probable the absence of syncope and local asphyxia before the production of gangrene might mislead.

There are no apparent occasional causes,

although hereditary syphilis may be possible. But what makes this case interesting is the great number of gangrenous lesions, such as the author has never observed the equal in any other case. This is really a case of massive gangrene of the extremity of the upper limbs, that terminated with the amputation of the hands and a portion of the right foot.

Notwithstanding this anomaly, the diagnosis of Raynaud's disease cannot be doubted, because no other diagnosis could be possible.

Therefore this case must be considered as a rare and particularly serious form of Raynaud's disease. (*Le Progres Medical*, Paris, April 20, 1912).

Rapid General Paralysis. By Prof. J. Lepine, Lyons. In this clinical lecture Prof. Lepine discusses the question of the duration of general paralysis. The opinions of the various authors who have written on this subject are greatly different, some of them considering that a year or a year and a half is the most common duration of the disease, while others state that death occurs only after five years or more. About one-tenth of the cases seen by Prof. Lepine had a very rapid evolution—less than a year. According to Prof. Lepine's experience, the cases which have such a rapid evolution may be divided into three main classes: First class: "intellectuals," i. e., patients whose brain has had severe and prolonged overwork; among these, patients belonging to liberal professions are very frequently met with. Second class: patients without overwork, but with irregular hygiene, like railway officials or omnibus drivers. Third class: syphilitic patients whose mercurial treatment has not been carefully conducted or supervised. These patients have neglected Prof. Fournier's advice: "Energetic treatment at the beginning, safety treatment in the later stages, and rest during the intervals."

To sum up, Prof. Lepine thinks that if the average duration of g. p. seems to be longer nowadays it is because we are able to make an early diagnosis; conversely there seems to be nowadays an increase in the number of the cases with a rapid evolution. (*Progres Medical*, Nov. 25, 1911).

Hereditary Syphilis of the Nose, Ear and Eye. By Prof. Gaucher, Paris. The author has seen a great many cases of these syphilis lesions in his private practice as well as in his hospital practice, and in this lecture he reports sixteen typical cases, especially about nose lesions, which are of great interest. Prof. Gaucher considers only the clinical side of the lesions; he does not advocate any special treatment, since lesions are amenable to the ordinary methods of mercurial treatment. (*Progres Medical*, Dec. 2, 1911).

Diagnosis of Chronic Jaundice. By Prof. A. Cade, Lyons. After a rapid resume of the various causes of jaundice, the author divides the chronic cases which are the subject of his lecture in two main classes: the variety in which bile is eliminated with the urine, and the variety in which urobilin only is found in the urine. Occasionally these two varieties may alternate in the same patient. Prof. Cade reports in great detail a typical case of chronic jaundice with choloria, discoloration of the foeces and dilatation of the gall bladder. The macroscopical, microscopical and chemical examination of the foeces, and Prof. Cade lays great stress on these different tests, is nowadays the best and safest way to settle the diagnosis, and the various tests according to the various forms of the disease are very

clearly explained in this very interesting lecture. (*Progres Medical*, Dec. 9, 1911).

The Treatment of the Three Great Symptoms of Ulcer of the Stomach. By Prof. M. Loeper, Paris. The three main symptoms of gastric ulcer are hemorrhage, vomiting and pain. The treatment of hemorrhage is the most important part of the treatment of gastric ulcer. The essentials of this treatment are: complete rest in bed, ice per os or in local applications, hot rectal injections and drugs. In subacute hemorrhages perchloride of iron or bismuth salts may be useful; but adrenalin, chloride of calcium and gelatin are certainly better, and may be given per os with excellent results in all cases of hemorrhage. Ergotin, ergotin or adrenalin hydrochloride may be given in hypodermic injections; their action is rapid but temporary and often there is a recurrence of hemorrhage soon after their use. Horse serum or normal saline solution are also useful the former in hemorrhages of long duration where there are distinct modifications of the blood, the latter in profuse or prolonged hemorrhages to make up for the loss of fluid of the system. Gelatin solution may also be tried hypodermically, but it seems to be less used nowadays than some years ago. The food must be as bland as possible, and Prof. Loeper is distinctly in favor of the old fashioned milk diet for at least four weeks; however, when the hemorrhage cannot be checked rectal feeding must be tried. Vomiting must be checked by external means and cold applications, (ice, ether, methyl chloride, etc.), since the analgesic mixtures taken per os are likely to cause vomiting. Alkaline powders are very often of great value and generally well borne. For hypodermic injections a mixture of atropin and morphia gives excellent results in most cases. Nitrate of silver may also be of use, but it is likely to give an extra stimulus to the mucous membrane of stomach, which is already so irritable. (*Progres Medical*, December 16, 1911).

Iodin Fumigations in Gynecology. By Prof. Reynes, Marseilles. The method of iodine fumigations has been tried with great success by Prof. Reynes, who gives the *modus operandi* and the indications of this new and original method.

This method gives excellent results in all uterine affections which may be treated per vaginam, like ulcerous metritis of the cervix, cervicitis or granulous metritis. It is also useful for the disinfection of uterine cancers, after scraping the superficial layers of the tumor. Iodine vapors may also be introduced directly into the uterus, and Prof. Reynes is using this treatment with success in cases of post abortum metritis. The *modus operandi* is very simple; after careful swabbing of the vagina and cervix, Prof. Reynes introduces in the vagina a small pledget of cotton wool dipped in iodo-

form and which has been passed in the flame of a spirit lamp, candle or match. The combustion of the cotton wool is instantaneous, and the heat of this combustion is sufficient to set iodine free, so that vapors fill the vagina, which has been previously dilated with a speculum. A deposit of iodine soon takes place in the vagina and

on the cervix. Another method consists in heating the tube of an insufflator and projecting iodoform, and to bring free iodine into contact with the diseased part. Neither of these methods require any special apparatus and may be applied as well in hospital practice as in country practice. (*Progres Medical*, December 30, 1911).

BOOKS

Recent Methods in the Diagnosis and Treatment of Syphilis. (The Wassermann Reaction and Ehrlich's Salvarsan, "606"). By C. H. Browning, M. D., Lecturer on Bacteriology in the University of Glasgow, and Ivy McKenzie, M. D., Director, Western Asylums' Research Institute, Glasgow. Octavo, 303 pages. Cloth, \$2.50, net. Lea & Febiger, Publishers, Philadelphia and New York, 1912.

The literature dealing with the Wassermann reaction and Salvarsan has become so extensive that every one should welcome this book, which deals in a comprehensive manner with these subjects of all-absorbing interest. The historical side of both subjects is dealt with very fully, showing the development of these methods from their basic principles.

The technique of the Wassermann reaction is described in the most detailed manner, with theories upon which it is based and a full consideration of its clinical application.

The experiments leading up to the discovery of Salvarsan, its chemistry, the methods of its administration, its effects and an estimate of its relative value in clinical practice, are set forth in an extremely satisfactory manner. Its contraindications and the known fatalities following its use are related in detail. On the whole this book seems to meet fully the requirements of those who wish to keep in touch with the rapidly advancing knowledge along these lines.

A. J. M.

Honan's Handbook to Medical Europe. By James H. Honan, M. D. Published by P. Blakiston's Son & Co., Philadelphia.

This handbook gives a concise outline of the post-graduate medical work of Europe. It is a guide to English-speaking physicians. It gives advice to those visiting Europe for the first time. It informs them that letters to foreign professors except from warm personal friends are useless. Each country is considered separately with some partiality and more thoroughness to Berlin. It discusses the medical laws of the respective countries. A list of the principal hospitals in the prominent medical centers is given, together with the courses and fees charged. This little book is worth many times its price to any young physi-

cian going to Europe for the first time for medical study.

J. R. H.

Psyche. A Concise and Easily Comprehensible Treatise on the Elements of Psychiatry and Psychology. By Dr. Max Talmeier, The Medico-Legal Publishing Company, New York, 1910.

This little work is all that it claims to be and is admirably adapted to the use of the general practitioner, or one who wishes a short treatise on the subject.

It is consistent from cover to cover in putting the elements of the subject in as brief a form as is compatible with completeness. It is in good style and very readable.

It is the kind of a book that makes one wish the author had been more exhaustive. Its chief value is that it is practical, brief and written in every-day English. The book buyer will get his money's worth.

E. W. L.

The Treatment of Short-sight. By Prof. Dr. J. Hirschberg. Translated by G. Lindsay Johnson. 120 pages. Illustrated. Price, \$1.25. Rebman Company, 113 Broadway, New York.

This most excellent treatise on shortsight is the translation of a lecture delivered by Prof. Hirschberg of Berlin and originally published in the "German Clinic."

The subject of shortsight is becoming a more important one to the American Ophthalmologist each day, owing to the large influx of a foreign population, it being in some of the nationalities almost a racial characteristic. Perhaps no one is better qualified to write on the subject than Prof. Hirschberg; his unique experience extending over several decades of uninterrupted ophthalmic practice, together with his marvelous powers of observation, have rendered this treatise of special value, not only to the student, but also to the experienced ophthalmologist. The translation by G. Lindsay Johnson reads easily, and his occasional foot-notes serve to elucidate the text even more fully. This little book should be in the hands of every working oculist.

E. O. S.

Immunity: Methods of Diagnosis and Therapy and their Practical Application. By Dr. Julius Citron, Assistant at the University Clinic of Berlin. Translated from the German and Edited by A. L. Grabat,

M. D., Assistant Pathologist, German Hospital, New York. With 27 illustrations, 2 colored plates and 8 charts. Price, \$3.00. Philadelphia: P. Blakiston's Son & Son, 1012 Walnut Street, 1912.

This book is designed especially for the general medical man, and is in the main a practical work, giving in detail the various methods of serum diagnosis and treatment, their rationale and significance. Syphilis, tuberculosis and diphtheria receive particular consideration, but the opsonic index, specific precipitin tests, the use of vaccines and in fact about every question of infection and immunity which has any clinical bearing, is presented clearly and concisely. The toxins of the higher plants and animals and their antibodies, ferments and anti-ferments form the subject of a very interesting chapter. As a handbook for the laboratory and as a critical review of the most modern conceptions and methods relating to immunity, this book deserves the highest commendation.

E. C. H.

A Manual of Clinical Chemistry, Microscopy and Bacteriology. By Dr. M. Klopstock and Dr. A. Kowarsky of Berlin. Only authorized translation from the last German edition, thoroughly revised and enlarged. Illustrated with 43 textual figures and 16 colored plates. Price, \$3.00. New York: Rebman Company, 1123 Broadway.

This compact volume, the fruit of experience and research in the authors' "Institut fuer medizinische Diagnostik" in Berlin, covers the field of laboratory diagnosis with practical clearness and fullness. There is much in the text which one might go a long way to find elsewhere. Detailed directions are given for a great variety of tests, in a manner which shows an intimate acquaintance with each subject. The colored plates of bacteria, crystals, formed elements and blood smears are both artistic and accurate. The general practitioner doing his own laboratory work will find this book a desirable addition to his working library.

E. C. H.

Diseases of the Genito-Urinary Organs and the Kidney. By Robert H. Greene, M. D. Professor of Genito-Urinary Surgery at the Fordham University, New York, and Harlow Brooks, M. D., Assistant Professor of Clinical Medicine, University and Bellevue Medical College. Third Revised Edition. Octavo of 639 pages, 339 illustrations. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, \$5.00 net; Half Morocco, \$6.50 net.

This book is the conjoint product of a surgeon and a physician, both of whom are men of extensive experience and ripe judgment. About half the text is devoted to the kidneys and to a general consideration of urinary and instrumental examinations. The authors' common sense view of the various subjects is well shown in their discussion

of the treatment of nephritis and of prostatic hypertrophy. Enlightened conservatism appears to be the keynote of this work, and only such new methods are brought out as have proved of definite value in their own practice. The text is very handsomely and effectively illustrated with figures of instruments and operations, endoscopic and cystoscopic appearances, photomicrographs and full-page anatomic and pathologic plates.

E. C. H.

Greater New York Number.—In June the American Journal of Surgery will issue a number composed of original contributions from men of recognized prominence in the medical profession residing in Greater New York. Among those to contribute are:

Herman J. Boldt, E. L. Keys, Jr., Robert T. Morris, C. N. Dowd, Howard Lillenthal, S. Lewis Pilcher, Meddaugh Dunning, Chas. H. May, John O. Polak, Wm. S. Gottheil, Willy Meyer, James P. Tuttle, James P. Warbasse and others. Contributions from these well known men should make this issue of particular interest and value.

MEDICAL PROGRESS.

Camphor and Pneumococci.—August Seibert (Medical Record, April 20th), has used in pneumonia, with excellent results, intramuscular injections every 8 to 12 hours, of 10 cc. of a sterile 30 per cent camphor solution in sesame oil to every hundred pounds of body weight. The injections are best made along the outer thigh, sterilizing the skin with tincture of iodine. One death occurred among 37 cases of pneumonia treated in this manner. The treatment did not prevent empyema. Practically there is no crisis and the alveolar exudate is absorbed gradually. Animal experiments corroborated the clinical results. Thus, Dr. Hensel, assistant pathologist at the German hospital, found that 1-10000 part of camphor added to the usual culture media inhibited the growth of pneumococci. Dr. J. C. Welch, pathologist of the Lying-In Hospital, found that 1 cc. of 20 per cent camphorated oil, given hypodermically in rabbits and repeated every 12 hours after a fatal dose of pneumococcus emulsion had been injected intravenously, inhibited the fatal outcome in five cases out of six. Frank N. Robinson (March Monthly Cyclopedia of Medicine), using large doses of creosote carbonate (10 grains in capsules every 3 or 4 hours), in pneumococcus infection secondary to pulmonary tuberculosis, has seen all symptoms of the secondary infection disappear within 48 to 72 hours. He recommends that the treatment be continued for a week or ten days after all symptoms have ceased and the pneumococci are no longer found in large numbers.

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PUBLIC HEALTH BILL. SENATE 1.

Resolutions passed at a meeting of the Davis County Medical Society, June 1, 1912:

WHEREAS, the question of a National Health Bill has been advanced to the stage where its necessity cannot be admitted. And

WHEREAS, patent medicine manufacturers and vendors and others whose "craft is in danger to be set at naught" have succeeded in defeating the original Bill introduced by Senator Owen in the last session of Congress No. 6049. And

WHEREAS, Senator Owen has introduced a further Bill which is now before the Senate of the United States and such Bill known as S. 1, is the minimum that can be accepted as satisfactory to the people. And

WHEREAS, a substitute Bill by way of amendment has been introduced by Senator Smoot, March 12, 1912, still further emasculating the Owen Bill, S. 1. IT IS HEREBY RESOLVED,

1. That the Davis County Medical Society, State of Utah, places itself on record as favoring the passage of the Owen Bill as now before the Senate, and respectfully requests Senator Smoot to withdraw his amendments by way of a substitute Bill.

2. That Senators Smoot and Sutherland and Congressman Howells be and they are hereby respectfully requested to use their utmost endeavors to pass the Owen Bill—S. 1—at this present Session of Congress in substantially the form in which it was presented; such Bill providing the minimum requirements which this Society is willing to accept. Further, if the Owen Bill be emasculated this Society desires to go on record as preferring to leave the question to a future session of Congress and asks that no legislation in regard to a Public Health Department or Bureau be entertained at this late period of the present session.

3. That this Society urges the transference of the "CHILD WELFARE BUREAU" from the Department of Commerce and Labor to this new Department of Health.

4. That a copy of these RESOLUTIONS be sent to the President of the Senate, to the Senators and Congressman from Utah, to Senator Owen and to others interested in the establishment of a Federal Department of Public Health.

For the Davis County Medical Society

J. E. MORTON,
President.
FREDERIC CLIFT,
Secretary.

It was also resolved that the Secretary send a copy of these resolutions to each of the three Utah State Medical Councilors, requesting them to bring the subject to the notice of each County Medical Society in their respective districts.

THE STATE MEDICAL COUNCIL.

The Councilors of the State Medical Society have numerous duties. First they are supposed to be the organizers, both of the State and of the County Societies, and to see that such Societies are kept up to a membership of the whole, and not a part, of the entire eligible profession. Second, the Councilors are supposed to conserve the peace of the profession, as a whole. Third, each Councilor is supposed to act as censor of his district. These are the duties of the individual Councilors, working within their assigned districts. The Council, as a whole, is the Board of Censors of the State Association. It further has the power to consider all questions of differences, involving the right and standing of members, whether in relation to other members, to the component County Societies, or to the State Association. The Councilors have referred to them, all matters pertaining to ethics without previous discussion within the House of Delegates, or in any general meeting of the Association, and they have the power to hear and decide all questions of discipline affecting the conduct of either individuals or County Societies as a whole, in those cases on which an appeal is taken from the decision of the individual Councilor of any District. If, within the judgment of the Council, any one county has not a sufficient number of physicians to form a representative County Society, the Council has the power to form a Society having as members the profession of several adjoining counties. Such societies must, however, be so designated as not to be confounded with the District Societies covering the same territory. Each Councilor is supposed to visit each of the County Societies within his district at least once a year, in fact, that is given as one of their specific duties. When making such visits, he is supposed to gain all information possible, regarding the Society, both as a whole and as regards its individual membership. If there are any com-

plaints forthcoming he should, if possible, make a full inquiry and render a final decision during the time of his visit. It is, and should be, the business of each Councilor to promote a greater interest, both in the State Association and in the County Societies in all matters pertaining to the medical profession as a whole. He should give suggestions relative to the programs of the County Societies, and endeavor to bring forward subjects for discussion which would tend to the progression of such Societies and their individual members. The above are the duties of the Council, both in connection with the State Association, the County Societies and the individual members of both. Does the Council attend to such duties properly? Does it, as a rule, do other than meet at the time of meeting of the House of Delegates, and then only in a half hearted matter, going through the questions referred to it as rapidly as possible and with as little discussion as possible? Do the individual Councilors make the annual visits to the County Societies with any vast regularity, if at all? Do they make any considerable attempt to form Societies covering several counties, wherein the population is small and where, for lack of sufficient numbers, it is impossible to form a Society in any one county? In fact, do the Councilors attend to any of the duties required of them?

In the more thickly settled communities of the east, where each county has enough, and more, than are required to form a County Society, the Councilors are found to be very busy men. There is a reason for this. Both the State and County organizations in such communities are well to do financially and are well able to defray the expenses of the Councilors, as well as pay him for time lost in making visits to the various County Societies. In such communities we find the County Societies are healthy in every way. They have, as a rule, a full membership of all eligible physicians, residing within their

bounds, and their meetings are well attended. The State Societies are likewise in a healthy condition and well attended. In the west, however, as a rule, all conditions are reversed. In many counties the individual members of the profession are few in number and live so far apart that it frequently occurs that they do not come in contact with each other for months, or years, in some instances. In many counties not a single doctor will be found as a resident. In consequence of this, there are fewer County Societies in the west than in the east, and these organizations are not financially as well off as are those of the east. In consequence of this, they are not able to recompense the Councilor for his visits, even though they may occur but once during the year. Even though a single county may have a flourishing Society, it is frequently so far to the side of the regular line of travel as to make the visit of the Councilor an expensive luxury, both to himself, and the Society. The counties themselves, in the western country are frequently as large as a state in the east, and even though several of them might be banded together, the question of attendance upon the meeting would be such a matter of expense as to seriously interfere with a profitable attendance. However, even though the attendance might be small, such counties should be banded together, and the Councilor of the district should either keep in touch with such organization by personal visits, or by frequent communication with the secretary thereof.

We have seen in Nevada, even in counties directly upon the direct lines of travel, but little, if any, attempt made to foster the County Societies by any of the members of the Council. For some five years, while residing in a county in close proximity to the center of population of the state, we made endeavor after endeavor to form a County Society, and at no time did the Councilor of the district even communicate

in writing with us, much less make a visit to the county. In connection with this case, all of the matter pertaining to the formation of new County Societies seemed to have been relegated to the president and secretary of the State Association, as it was with them that we corresponded. We asked for a visit of a Councilor or other organizer, but in vain. While at the meeting of the State Association, we talked the matter over with the president and secretary, but were unable to obtain any satisfaction. We were told that we were members of the adjoining County Society, so why need we worry. As it happened, we were the only member from our county, but this was not so because of any organization interest within the county bounds, but because of the fact that, for individual reasons we desired membership in both the County and State organizations. Our county, which was one of the foremost ones of Nevada has no Society and no interest in any such organization, simply because of the fact that the beauties of such an organization had not been brought out sufficiently. We are now living in another county, in which there are an insufficient number of physicians to form an individual County Society, and we are a member of a Society, two counties removed from the one in which we reside. We are patiently waiting to see if any effort will be made, either this year, or at any other time in the future, to form a joint society covering our own, as well as adjoining counties. It is very doubtful in our mind if our District Councilor will ever entertain, within his own mind, the advisability of a visit to our part of the country. There are, within three adjoining counties, a sufficient number of doctors to make up a Society which would be of sufficient size as to render it one of interest. As we have said, we belong to a County Society, two counties removed from our place of residence. This Society, located as it is, in one of the busiest centers of Nevada, has some very

interesting meetings, but because of the time required and the considerable expense attached to trips thereto, we do not feel that we can attend all meetings of this Society. Were our county, acting in conjunction with those adjoining, possessed of a local Society, we would feel that we were able to attend all meetings thereof. Through the inactivity of the Council we are thus robbed of the means whereby it might be possible that we would make more rapid advancement in matters of interest, and be able to keep more thoroughly abreast of the times. We would, at least, become better acquainted, one with the other, and in this way a greater interest in each other's welfare would be invoked.

The fact that so much work escapes the notice of the country doctor is, as a rule, due to the fact that he does not have any opportunity to advance, through the medium of a local Society. This is more especially true in the west, particularly the intermountain regions. The profession is not banded together, and consequently is not in a position to further its own individual rights, and the consequence is that the individual members thereof are not given the benefit of discussion of subjects of interest, as should be the case. Because of this, the layman obtains the idea that the average practitioner of the country is below par, in so far as his skill and knowledge may be concerned and cases of any note, whatsoever, are taken to the metropolitan centers for attention. In the east, a different condition obtains. The Mayos, even though located in a remote county, through having advantage of a County Society, in addition to being individually skilful, have made an everlasting name for themselves. They have had the advantage of a Society in which they might give more or less publicity to their findings, and in this way have been able to bring their name before, not only the profession, but the lay public as well. It is undoubtedly a fact that the Coun-

cil of the District, within which the Mayos resides, is a busy man. We have as skillful men in the west, as are the Mayos, the Morrisises, and scores of others of the east, but we have not the same amount of interest displayed by the Councilors of our part of the country, as is the case with our eastern brothers.

For some time past there has been a general apathy relative to the use of drugs in the treatment of diseases, and this condition has been largely furthered by the lack of concerted activity upon the part of the individual members of the profession. In the west, owing to the lack of County Societies, we have been unable to meet and discuss any such matters. Here again we note the lack of attention of the Council to its duties. Not infrequently does it occur that the members of this body are men who are lacking in stamina to dispute the assertions of those who may be "higher up," and they decline to entertain any discussion, derogatory to the contentions of these, so-called, authorities.

In the west it seems as though all the items of interest, as regards organization, are left in the hands of the president and secretary of the State Association, and if these gentlemen are unable to perfect the organization of County Societies, such matters are dropped, seemingly for all time. Because of this apathy upon the part of the Council, we of the west are left in a position where we must fight our battle individually. The consequence is, that matters of an ethical nature are at a low ebb. The individual members of the profession are left largely to themselves and petty jealousies arise, which might otherwise be adjusted, were the Councilors active in perfecting County organizations. There is no such thing as a regulation fee bill in many of the outlying counties of the western states, and the consequence is, that one doctor is able to make the fees so low as to be unprofitable. Such a condition obtains

in more than one county in the west. This not only disrupts the localities in which it occurs, but reacts elsewhere, the consequence being that no concerted action is taken to bring the medical profession, as a whole, up to the standard which it should occupy. We are cheapened by the action of the few, and through this cheapening we are considered as "worthless" by the community in which we happen to practice. If we had local Societies in all counties this would be regulated, and the doctor, like the lawyer, would be properly paid for his efforts. The members of the legal profession are brought together through the medium of the State Bar Association, and woe unto a single member of this association who does the least thing which tends to belittle the membership as a whole. He is immediately disbarred. The doctor, on the other hand, is only too often a member of no organization, and any irregularity of conduct on his part is overlooked, or is unknown, and he goes on his way rejoicing, no matter how much harm he may do to the balance of the profession. If we were possessed of Councilors who followed the duties, as marked out, to the letter, there would be fewer "shysters" in the ranks of medicine, as he who might be guilty of either ungentlemanly or unprofessional conduct, would be required to either behave himself, or give up his right to practice medicine within the boundaries of the state. If the Councilors acted, as they should, we would shortly be able to relegate all illegitimate practitioners from our states. The legal profession will not countenance such advertising as is met with every day from the medical "quacks," and this because of a perfect organization. Here in Nevada, where divorces are easy to obtain, the lawyer who advertises as a specialist in such matters is disbarred. Why should not the doctor, who advertises to cure numerous complaints, likewise be re-

moved from the ranks of medicine within the state in which he may so advertise? If the Councilors were active in following the duties marked out for their guidance, we would not have a "quack" within the country.

Let the Councilors, especially those of the western country, cease sitting back within the warm corners of their respective homes or offices and allowing their work to fall upon the shoulders of the executives of the various state organizations and a marked improvement will follow. Let them be, as their name implies, Councilors in every sense of the word. If they will not act let them be removed and others who will, be given their places, and let changes be made until such time as it is found that the Council, as a body, and individually, is doing every duty required, and there will be a marked change in conditions of the medical profession as a whole. We of the medical profession are right now in a position where we must act in a concerted manner, else we will be deprived of many of our rights, through the activity of certain sects who, through fear that they will suffer financially, would practically remove us from practice, and it behoves every individual Councilor within the boundaries of the United States to see that every County Society, and every State Association is up in arms and ready to fight, not only for the life of the organizations, but for that of every individual, be he a member of a society or not. In the west, where the physicians are few in comparison with the more densely populated states of the east, is such action to be much more desired, as it is here that these non-medical sects and bodies will endeavor to effect legislation which will allow of the entrance of all manner of quacks within the state boundaries. If the Councilors sit back and remain inactive in the matter of perfecting perfect organizations, this will surely happen, and we who would practice medicine legitimately and in a scientific manner, will be obliged to re-

move elsewhere, or enter other pursuits, in order that our living may be assured. The Councilors, through perfecting the organization of both the County Societies and State Association, will be able to bring much pressure to bear upon the legislative bodies and in this way overcome any tendency to the passage of nefarious bills, as such they would be. The perfection of County and State organization will favor the passage of the Bill now before Congress, introduced with the idea of the establishment of a National Department of Health. This is strictly a non-partisan Bill, but is being fought upon sectarian, rather than other, lines. If the medical organization were perfect in every particular, we would be able to say to the Senators and Congressmen that it practically meant their position in Washington, should they vote against the measure. Let the Councilors get busy at once, and make their annual visits and perfect the county organizations, in that we may take a more active interest, and a concerted one, in those matters which will further our interests. Don't be gentlemen of the kid glove brigade, gentlemen of the Council, but get out and hustle.

SERVOSS.

THE MEDICAL COUNCIL AND PUBLIC MEASURES.

A business man speaking of the success of another man in the same business in the same town, attributed a good part of it to his being always "on the job," and especially, he said, at the time of day when the clerks are inclined to be a little careless and leaks to occur.

Large medical associations are at best unweildy on account of the scattered membership and infrequent meetings. In order to have someone "on the job" all the time, the Council was organized, to safeguard the interests of the profession, and to act within certain limits, for the members during the long interims between meetings.

Just now it would seem that a fertile field, not requiring laborious work for its cultivation, would be the backing up, with letters or telegrams of encouragement, those representatives of the people in Congress who are endeavoring to put the public health service on a working basis.

Opponents of these measures are not slow in letting their opposition be known, usually in devious ways, calculated to imitate, as near as possible, the vox populi. [See extract from the Congressional Record in a subsequent article, entitled, "The Public Health" —Editor]. A few messages from the council, and from representative organizations and laymen, would do as much to help in these just causes, for too long has it been pleaded by those who would explain their vote in opposition to needed reforms, "that none of my constituents cared enough about the measures to urge their passage. While on the other hand, I was deluged with telegrams from my districts, protesting against them" (the spurious and manufactured vox populi above referred to). It would be insulting the intelligence of these representatives to believe that they do not suspect the source of such opposition. But they argue that they are in duty bound to listen to those whose voices are heard without effort, rather than the soft, deferential acquiescence the profession is prone to make **when asked** its opinion. It is to be hoped that the Utah Societies will cultivate this field and that the Council will give direction and inspiration to the state and local organization in their efforts along this line.

EUGENE H. SMITH.

THE PUBLIC HEALTH.

Smoot-Owen Bills.

Utah is once more in the limelight. This time she takes a hand in the fashioning of one of the most important Federal measures that will be enacted into law during the present congress. What has the medical profession of Utah done to strengthen the views and hands of our senior senator?

Has it allowed him, as chairman of the committee to whom the Owen bill was referred, to imbibe the "falsities" put forward by the so-called League of Medical Freedom without making any sustained effort to counteract the poisonous doses of untruth circulated by those opposed to the recognized practitioners of medicine—that is to say, those registered and licensed by the state to practice the healing art in Utah? We use the word *sustained* because we are aware that the State Association, at their annual meeting some eight months ago, passed a resolution in support of the Owen bill, and we presume it has been forwarded to the parties named therein by the state medical secretary. But,—Legislators change their plans and adopt shifting tactics from day to day, and it is therefore necessary to watch their every movement and prepare fresh lines of attack and defense. Senator Smoot has been deluged with letters, telegrams and resolutions from incompetent and irresponsible persons and bodies of men and women who have been led away from the true facts by the noise and clamor of patent medicine manufacturers and vendors and religious cranks. The majority of the latter class do not believe in medicine or surgery, yet they do not or will not see the incongruity of being found in the company of and allying themselves with such "fakes" as New Life, Peruna, and the various specifics promising a cure for cancer, kidney and other as yet incurable diseases—not to mention the innumerable army of advertising specialists and abortionists. To the State Medical Council is delegated the duty of taking care of the interests of the medical profession during 363 days in each year, that is to say, the days on which the State Association is not in session. What has the Council of this state done in regard to the standard measure for the control of the public health of these United States—the Owen bill? Nothing. Is it doing anything in regard to the amendments by way of a substitute bill brought forward by Senator Smoot? We know that the Owen bill has been amended until reduced to a minimum, and now the principles it stands for are to be still further emasculated. Is the profession prepared to stand for the "mess of pottage" proposed to be handed to them? If not, has the Council in the past, or is it now, taking any steps to show that the further proposed amendments are not acceptable to scientists whose technical education enables them to express definite opinions on the subject and who have passed the State Board of Medical Examiners and obtained the state license to practice medicine? We know that anything less than what is asked for by such men is more acceptable to medical "fakers" and their supporters, but it is our duty, through our state and county societies, to insist upon a full measure of

health efficiency and to enlighten not only our patients, but the citizens at large.

Finally we ask the Council whether it has kept the county societies informed as to the existing conditions? Has it counseled and advised these organizations to be up and doing and to let their views be known, not only to their representatives in Congress, but to the citizens of their respective counties, cities and hamlets? We commend the following extract to the notice of our Councilors and our organized societies, as well as to the profession and the people at large. Are they willing to admit that the telegrams read by Senator Jones express their views and the views of the majority of the people of the state? Although the lay and religious press of Salt Lake are ready to make money out of full-page advertisements of "New Life" and other fakes, yet we believe that the educated masses of the people at large are in favor of a Federal public health law, such as proposed by the original Owen bill, and we believe that our representatives in Congress and other unenlightened senators should be so informed.

**Extract from Congressional Record.
Public Health Department.**

Mr. (Senator) Jones: Mr. President, I have some telegrams, in the nature of petitions, which I desire to present. I want to say in connection with the matter that has already been referred to, that I have received a great many telegrams indorsing the compensation act proposed from my state. My people, however, are much interested in another proposition that appears, to them at least, to be very serious, it bearing the honored name of the senator from Oklahoma (Mr. Owen). While I know he is a "progressive," and I am satisfied he would not take away the liberties of any people, a great many of my people are rather fearful. I want to read one telegram I received, which reads as follows:

"Vote in favor of the Owen bill means the establishment of one of the worst trusts in our country; its defeat means that we can still choose our own physician and our own medical school. We don't want any interference with our present vested rights of freedom. "W. ELWANGER."

This feeling seems to have spread considerably among my people. I have another telegram from Seattle, which reads as follows:

"Please use every available effort to defeat the Owen bill. It is fraught with great danger to the liberty of every American citizen. Medical freedom will be gone if any one particular school has a monopoly. Medical monopoly is the mainspring of the Owen bill. "R. COOPER WILLIS."

Then, also, from Seattle—I take it that possibly tomorrow I will get a great many similar telegrams from some other locality

in the state—I have the following telegram:

"The world is sound and moving on. Modern physiologic pathologists, by sheer merit, are rapidly supplanting allopathic pretensions. In desperation allopaths are seeking to recover prestige through gag legislation and state medicine crushing with ignorant force an enlightened and aspiring people. For sake of truth and humanity, kill Owen bill.

"DOCTOR P. RUDOLPH."*

"The passage of the Owen bill as amended will deprive many of your best people of freedom. "GEO. T. CRANE."

The ladies of my state are also getting fearful of this reactionary measure of my friend from Oklahoma. They say:

"We look to you for the protection of our individual and national rights, hence the defeat of the Owen bill.

MRS. MICHAEL EARLES."

Mr. Owen: Mr. President—

Mr. Jones: I want to ask the senator, before he interrupts, whether it is his intention seriously to press this trust-breeding monopolistic, liberty-destroying, tyrannical, reactionary measure against the wishes of the people of my state. I have a great deal of confidence in his liberty-loving proclivities, but I do feel that in the matter of legislation, at least, I should pay some regard to the views of my people.

I have a great many more telegrams from people in my state with reference to this matter which I desire to submit, and I should like to know whether the senator from Oklahoma seriously intends to press this measure which is fraught with so much danger to the people of my state.

Mr. Owen: The bill itself abundantly answers the telegrams which have been read, and for the information of the senator from Washington I will call his attention to this provision of the bill:

"That the health service established by this act shall have no power to regulate the practice of medicine or the practice of healing, or to interfere with the right of a citizen to employ the practitioner of his choice, and all appointments made within the health service, including the head of the service, shall be made without discrimination in favor or against any school of medicine or of healing."

The bill provides further that no domicile or residence of a person shall be entered without the consent of the occupant; that no function belonging exclusively to the state shall be exercised by the department.

The opposition to this measure is inspired in large measure, in my opinion, by

*No such name is to be found in the list of physicians, as published in the American Medical Directory, either in Seattle or any other place in the United States.—Editor.

I also have a telegram from Spokane, as follows:

the same forces that have opposed the carrying out of the pure food and drug act in this country and by those who are engaged in disseminating patent medicines and who have a good deal of money invested in that business.

They have stirred up innocent people, such as the Christian Scientists and some few members of the eclectics or the chiropractics or other citizens who imagine that their right to practice medicine or the healing art may be interfered with.

Those artificial telegrams which are sent here—artificial in the sense that they are instigated by a private interest—serve no useful purpose except, perhaps, to confuse the minds of those who do not understand what it really means.

I will say to the senator from Washington that, so far as I am concerned, I do intend to press Senate Bill No. 1 and to do whatever I can to establish a Department of Health in this country that shall make available, as far as possible, all the information acquired by the scientific world in regard to the preservation of human life.

I remind the senator from Washington that it was the investigation of Carroll, of Lazear, and of Agramonte and the other patriots of peace, a number of whom lost their lives in solving the problem of yellow fever at Havana, where the death rate was over 649 to the hundred thousand prior to American occupancy, and rapidly fell to zero, which made possible the building of the Panama Canal, which the French nation had been unable to build because of yellow fever and because of the Chagres fever.

I should like to know if in reality the senator from Washington is opposed to the principle of this bill or whether he is merely diverting himself by reading these telegrams.

Mr. Jones: I wish the senator from Oklahoma to know what my people think about this measure. I have not myself examined it very thoroughly, and am not now proposing to express any judgment with reference to it. I am glad to have the senator's suggestion with reference to how these telegrams happened to come here. These people are certainly somewhat interested in the matter, because they paid at least a dollar apiece to get the telegrams here. So it is something serious to them. I do think on a matter of legislation—what it is wise to do in a legislative way here—I should defer to the expression of opinion of my people, and these are the only expressions I have had in this way.

As this emasculated Bill will probably fail to pass this session, the State Medical Council of Washington and the profession in that state will have to educate their Senators and Congressmen as to the true intent and purpose of a Public Health Bill—Editor.

All these telegrams came in this morning. During the last session of Congress I

got a great many telegrams of the same character. So that however they were inspired, and whoever brought about these telegrams, they must represent the sentiments of these people and their fears; and I am glad to have the assurance of the senator from Oklahoma that he does not intend to deprive these people of their liberty and their freedom and that this is a good and meritorious measure. I assure him I shall look into it very carefully indeed, and if the results, after having done so, convince me that it is all that the senator says it is, I shall possibly vote for it.

Mr. Owen: I ask the senator from Washington if he is in favor of an independent health service in the United States or not?

Mr. Jones: That is a matter I want to look into very carefully, having due regard for the views of my people.

Mr. Owen: In other words, I understand the senator from Washington to say that after this matter has been before the public three years actively, he has not made up his mind on it?

Mr. Jones: No; the senator does not understand me to say anything of the kind.

I have views on the general subject, but I have not been able to examine the particular features of the bill, and I do not desire, therefore, at this time to commit myself to any particular measure.

Mr. Owen: I will ask the senator from Washington if he recalls the language of the Republican national platform on this question?

Mr. Jones: Oh, yes; and I am a little bit surprised that, progressive as he is, the senator finds something in the Republican platform which meets his approval. That to me is a little suspicious.

Mr. Owen: I am unable to determine from anything the senator says whether he is in favor of an independent health service or not, and I am willing to leave it in the Record that way if he is.

Mr. Works: Mr. President, I suppose I am one of the innocent individuals who have been misled into the belief that this is undesirable legislation. I think I know pretty well the contents and the meaning of this bill and the forces that are behind it. I happen to be a member of the Committee on Public Health and National Quarantine, and I have given the bill a good deal of study.

A good many of the objectionable parts of the bill have been eliminated, and every effort has been made to make it just as innocent as possible. Nevertheless, it is a part of a system of legislation that is going on all over this country which is intended to establish a state medicine, and to place all the medical activities of the government in the hands of one school of medicine; and this effort is properly characterized in the telegrams which have been read here in the Senate.

This particular bill is not so harmful in itself, but it is a part of the entire system of legislation about which we are complaining. I am not going to discuss the merits of the bill. I expect to do so at the proper time when the bill comes before the Senate for consideration.

I desire to say in this connection, however, that it has been stated all over the country, just as it has been now stated on the floor of the Senate, that the opposition to this bill has been instigated and carried on by the patent-medicine men, and that other innocent people have been brought to believe it is harmful. That is an entire mistake, and in some quarters it is maliciously stated. The opposition to the bill is not carried on by the patent-medicine men. I do not know whether they are opposing it or not, but I know that the league of Medical Freedom, which comprises most of the opposition to the bill, has nothing to do with patent-medicine men. They have absolutely refused to accept any money from them. They are acting independently. Of course it is natural that the Christian Scientists, against whom most of this legislation is directed, and who, in some of the states, under legislation now in force, are being prosecuted and imprisoned for carrying on their mode of healing, should stand opposed to legislation of this kind, and they are doing it consistently and in good faith.

The physicians of other schools of medicine are making the same opposition to it on precisely the same grounds—that their liberty to practice their mode of healing, and the right of the people to resort to them for healing, will be affected by this legislation, if it is carried out as it is intended, not as appears on the face of the bill, but as it will be carried out and enforced throughout this whole country by legislation of this kind.

I am only saying this to attract the attention of the Senate to the fact that whatever objection is made to the bill, and which will be made on the floor of the Senate, will be made in good faith, without any selfish interest on the part of the patent-medicine men or anybody else.

Mr. Smoot: Mr. President, in this connection I want to say that on March 22, 1912, I introduced a bill to establish a public health service, and for other purposes, and when Senate Bill No. 1 is up for consideration before the Senate, I intend to offer my bill as an amendment to the one reported to the Senate.

I will say that the bill provides that the Public Health and Marine-Hospital Service and all the other health agencies of the government shall be put into the public health service, and it will be under the Secretary of the Treasury, as the Public Health and Marine-Hospital Service is today. There will be provided an assistant to the Secretary of the Treasury, whose duty it shall be to preside over this service.

I desire to say that it will reach the same result, in my opinion, as the bill introduced by the senator from Oklahoma will reach. It will not entail another organization, another department, or an independent department, and so far as the expense is concerned, there are only two additional employes from those in the public service today.

I sincerely trust that the Senate will compare the two bills and the organizations provided, and what is to be accomplished by the two, and I shall, as I said, offer this as a substitute for Senate Bill No. 1 when it is up for consideration.

The Vice-President: The telegrams will lie on the table.

THE OWEN BILL.

At the recent meeting of the Medical Society of the Missouri Valley, March 21st and 22nd. Dr. Burnett reported as follows:

"In promoting the interest of the Owen bill your committee would suggest that each senator and each congressman be made to hear the voice of the people. To do this each member of his association has his part of the work to do and he must do it if we would succeed.

Therefore, as a method of procedure we suggest that each member write to his senator and congressman individually; that each member select ten (10) laymen to whom he shall submit a letter form to be copied and signed and sent individually by each of the ten laymen to his senator and congressman and that each of the ten laymen in turn be requested to select ten persons who shall likewise continue the chain.

This is an old method, but it will cause our representatives to be flooded with the voice of the people.

Respectfully submitted,

S. GROVER BURNETT,..
DONALD MACRAE, JR.,
Committee."

On motion of Dr. Summers the report was adopted.

THE OWEN AND THE SMOOT BILLS.

Congress, it appears, is willing to go on record as refusing to establish a Department of Public Health, notwithstanding the overwhelming evidence in favor of the absolute and immediate necessity for such action. The physicians of the United States, whose business it is to know the conditions and who do know the conditions, have for years emphatically demanded this measure, not only that the United States might be brought up to the level of other civilized countries in the matter of organization of those agencies that tend to efficiency in the affairs of men, but also that the needless suffering and waste involved in the annual loss of 600,000 lives from preventable causes and \$2,000,000,000 thereby

thrown away may cease. It is perfectly easy to see where the stumbling-block is—the personnel and character of the opposition is perfectly patent. Congressmen are defying the medical profession in its perfectly just, humanitarian and patriotic demand, and sacrificing the lives of the people and the resources of the people for the sake of a few shabby dollars that will go into the pockets of food adulterators, patent medicine swindlers and fake healers of one kind or another. The issue is squarely joined, and the people will presently know the Judases who are willing to sell them for the thirty pieces of silver, more or less. It is the duty of the medical press to keep the profession informed of the course of just such iniquitous proceedings as are to be witnessed in Washington during this session, and the Lancet-Clinic calls upon the members of the profession to inform themselves as to the conduct of the representatives from their districts and the senators from their states. Fortunately the silly adherence to party names and party tickets that stamped the American voter a few years ago as the most stubborn of donkeys, has given way to a display of independence that will presently lead us to common sense. Recall the elections of the last five years. The eagle and the rooster played no part in the results of those contests. But the gentlemen at Washington are slow to learn. They really do not know what "the folks back home" are thinking about and talking about. They are surrounded by the lobby of the food-prisoners, the patent medicine fakers and all the unholy traffickers in human ignorance and human credulity—and they actually think that these rascals are powerful, more powerful than their masters, the people. It is the duty of the physician to inform himself thoroughly on this whole subject and then to make himself felt in the community in which he lives, as his education, his intelligence and his professional and social standing dictate that he should be felt. In France, in Germany, and in the Latin American countries to the south of us, the physician is, and rightfully, a power in public affairs to instruct and to guide public opinion. The time has come when the American physician should instruct and guide his friends and patients in this most important of public matters. While the Senatorial Neros have been fiddling with the meanest of mankind, human lives have been carried off literally by the million, human tears have watered innumerable graves, human hearts have been broken by many a deathbed, and human resources have been wasted by the billions of dollars, with resultant poverty, degradation and crime. No one knows this as well as the American physician. It is his duty to go out into the highways and byways, and tell every man and every woman what the medical profession has been trying to do for them and who the men are who are re-

sponsible for the miserable fiasco that has resulted.

It can be said, without qualification, that the medical profession refuses to accept either the Smoot bill or the Owen bill in its present emasculated form—and no majority that may pass either bill through either House need lay flattering unction to its soul that it is “yielding to the demands of the medical profession” and thereby keeping its fences in good repair.

We will have neither of these bills, and, what is more, we will not give up this fight until the American people shall have been properly safeguarded in their health and their lives by a properly constituted and organized National Department of Health. Recreant and truckling congressmen and patent medicine men and food-prisoners can take notice.—*Lancet-Clinic*, May 4, 1912.

SUPPORT THE OWENS BILL.

The Owens Bill is making slow progress and its eventual disposition depends upon the force of the public opinion which may be rallied to its support. It is a sad reflection upon our legislative bodies that in matters of this sort the actual merits of the proposed legislation seem to play but little part. The business interests involved in the present instance have raised a tremendous opposition and are lobbying with all their might and main, straining the resources of greed and bigotry, lest their license to prey upon the public be interfered with. To offset this we have only the force of public opinion, and it is our part to instruct and formulate this into a voice so plain and a demand so forceful that even our senators and representatives may take notice.

Let us remember that in the next few months we have our best opportunity to influence them. With election coming, most of them have flung out their aeriels for messages of how things are going at home. Resolutions from organized bodies especially will receive attention as at no other time; personal letters will have influence, and without question a general public demand will have great weight.

We would therefore urge again that county societies take up the support of the Owens Bill vigorously, and do it now! Send resolutions to your senator and representative, urge it upon your friends, draw attention to Wiley's defeat and the reason therefore, and show that the only defense of the people is the withdrawal of all matters from the domination of the dollar as is the case at present.

We print for your information from the *A. M. A. Journal*—What the Owens Bill is, and what it is not:

“Taking up the bill by sections. Section 1 provides for an executive department known as the Department of Health, of

which a Director of Health—to be appointed by the President—shall be the head.

“Section 2 provides for an assistant, to be known as the Commissioner of Health, and for the usual Chief Clerk and other department employes and for the auditing of accounts.

“Section 3 defines the purpose of the Department to be “to foster and promote all matters pertaining to the conservation and improvement of the public health and to collect and disseminate information relating thereto.” Provisos carefully safeguard the rights of the states, of private citizens and of all practitioners of healing. This section is the most important part of the bill and should be carefully read in full.

“Section 4 provides for the transfer to the new department of (a) the Public Health and Marine-Hospital Service from the Treasury Department; (b) the Bureau of Chemistry (in part) from the Department of Agriculture; (c) the Division of Vital Statistics, of the Bureau of the Census, from the Department of Commerce and Labor. [The new Child Welfare Bureau should also be transferred from the Department of Commerce and Labor to the Department of Health.—Editor.] The President is also authorized to transfer any part of any other department engaged in public health work, except the Medical Department of the Army and the Bureau of Medicine and Surgery of the Navy. It is also provided that all the powers, functions, records and appropriations of any bureau transferred, shall be transferred with it.

“Section 5 provides for eight bureaus: (a) and Drugs, (e) Quarantine, (f) Sanitary Vital Statistics and Publications, (d) Foods and Drugs, (e) Quarantine, (f) Sanitary Engineering, (g) Government Hospitals, (h) Personnel and Accounts.

“Section 6 provides for temporary exchange of employes with other departments.

“Section 7 provides for an advisory board of seven specialists to advise with the Director. This board already exists as the Advisory Board of the Hygienic Laboratory.

“Section 8 authorizes the Director to call a conference of the health authorities of all the states when deemed advisable. This power is now possessed by the Surgeon-General of the Public Health and Marine-Hospital Service.

“Section 9 confirms the existing functions of the three bureaus transferred.

“Section 10 provides for an annual report to Congress.

“Section 11 provides ——— dollars to carry out the purposes of the act.

“Section 12 is the usual repeal of all conflicting acts.

“Section 13 provides that the act shall take effect July 1, 1912.

WHAT THE OWEN BILL IS NOT.

"1. The bill was not originated by the American Medical Association or by any of its officers or members. Senator Owen's declaration on the floor of the Senate is sufficient proof of this fact. The American Medical Association has for twenty years urged the passage of such a measure. When Senator Owen introduced his original bill (S. 6049, now S. 1) the Association naturally endorsed it and has continued to do so as it will any measure which is for the public good, but to Senator Owen alone belongs the credit for originating this bill and for urging its passage.

"2. The passage of this bill will not and cannot create a 'medical trust.' Every intelligent lawyer knows that the right to regulate the practice of medicine, as well as all other trades and occupations, lies in the state and not in the national government. No law which Congress can pass will or can have any effect on the practice of medicine in the states.

"3. The passage of this bill will not and cannot interfere with the right of any one to select any form of treatment, or any

kind of healer or attendant he may desire. This bill has nothing to do with the treatment of individual patients. It provides for the study of diseases in laboratories, by means of chemical, bacteriological and biological investigations. It contains no provision whatever for the treatment of any individuals by any one.

"4. The passage of this bill will not force any one to submit to any treatment which he does not desire. As stated above and as a reading of the bill will show, this measure has nothing to do with the treatment of individual patients. The provisions in Section 3 fully safeguard the rights of every citizen, although this is entirely unnecessary, since Congress has no power to make any one accept any form of treatment for any disease. Congress may make quarantine provisions, detaining persons suffering from certain diseases until they recover, in order to prevent epidemics. The states may make similar provisions. But neither Congress nor the states have any power to compel any person to take any medicine or form of treatment they do not desire."—Ohio State Medical Journal, May, 1912.

RUMINATIONS OF A COUNTRY PRACTITIONER.

DR. A. A. BIRD,
Murray, Utah.

This is to be no technical or scientific paper, but rather a recital of some of the long chances one is compelled to take in trying to get away with the goods in a country practice—and incidentally to acquire some goods of ones own.

That some of the chances are desperate ones seems to be the history of medicine since time immemorial; for does not the Good Book tell us—"Naaman being sick trusted not in the Lord but sent for a physician; and Naaman was gathered unto his fathers."

(More than likely that physician of Naaman's was a city physician!)

A Hindu proverb has it that —

"God ripens the mangoe
the farmer shakes the tree

God cures the patient

The doctor takes the fee."

That also doesn't mean the country practitioner I am sure; for we get paid

twice a year—in the fall when the crops are harvested and in the early spring when the necessity for buying fuel is over and the wool and potatoes are all sold.

A country practice is seldom conducive to scientific study of the day's work, for if one isn't busy chasing the wolf from the door he is busy chasing the stork across country in an effort to get there first and demand the fee.

When the day's work is over—if it ever is over—one is too tired to take down a book, or else falls asleep over his paper or magazine. The long hard hours driving behind a horse, when the roads are bad, and in his machine when the roads are passable, uses up all the hours that he might otherwise spend in study and self improvement.

A urinalysis now and then—the study of an Xray plate or a few moments devoted to a volume of diagnostics is

about the limit of the time he has to spare; for there are from ten to fourteen and sometimes twenty hours of hard work for the country doctor in the winter time.

In summer his work falls off about one-half—perhaps more, because people open up their houses that have been closed all winter and allow the disease germs to die a natural death; and they change their diet from salt meat, bread and potatoes to fruit and fresh vegetables.

But the doctor is so tired from his bucking of bad roads all winter that he easily falls into the resting attitude during the summer months and fondly imagines that when cooler weather comes again, he is going to get down to good hard study. This he never does but when he gets stumped or finds surgical measures necessary meekly brings his troubles up to his city brother who has plenty of time to devote to them—and who generally collects a fat fee leaving the patient too near broke to think of paying the family physician under a year at the least.

The country doctor, too, is at a disadvantage, surrounded as he is by so many people who have no conception of the most ordinary asepsis, and but little regard for the general rules of healthful living. He himself becomes in time dulled and is not properly shocked, as he thinks he should be, when the good neighbor lady helping out in a maternity case carefully sterilizes a pan of water for him then sticks her finger in it to ascertain the temperature.

He even passes over without comment the practical nurses efforts at asepsis that, luckily, do not often bring disaster and is thankful that he has even a broken reed to lean on in an emergency. One such person solemnly assured me that there couldn't be any "ammonia" on the patient's lungs. Another insisted that the sufferer did not have gastritis because she was passing large quantities of gas, and all she

needed was an "epidemic" to relieve her pain so she could get a little rest.

A mid-wife, in relating to me the harrowing details of a case of extra uterine pregnancy, said that the other doctor had made a diagnosis and found it was a "tubercle" pregnancy.

I never listened to a more disgusted matron than the one who told me of finding the doctor's gloves floating around in her tea kettle while he was waiting for the stork to put in an appearance. That was ingenious on the doctor's part, but not very tactful even if it was the only cooking utensil in sight. Since hearing her story I always ask for the outside half of a double boiler to use for this purpose.

Speaking of maternity cases reminds me that a very dissatisfied family resulted from the last attending physician's performing very forcible Crede manipulations and hastily leaving for another case that was urgently calling for him. A three months' invalidism resulted for the patient and a good family was lost to that particular physician.

Crede is all right, but one should be tactful and hide his haste, as well as know when his manipulations have reached the danger point. I used to wait an hour if I could spare it, for a delayed placenta, but now I consider half that time sufficient before manual detachment. I always douche following that procedure with hot normal salt or weak bichloride, if I am not sure of my cold sterile water.

I expect to be criticised on the bichloride point, but must insist that I have gotten my best results from it. In all my ten years practice I have used it in my obstetric work and find I more often have temperature following manual manipulation where I do not use it. In abortions and miscarriages with retained placentae I use my gloved finger is possible. If not then a large dull rinsing curette that does not get tagged up in a mass of membrane and leave part of the placental tissue. I

go carefully twice over the entire fundus, watching the amount of detritus rinsed out, and judging by that and the sense of touch when I have completely drained the surface of all membranes of placentae, etc. A large curette lessens danger of penetrating the fundus and in my hands has given much better results than small or large sharp ones. In handling perineal lacerations I repair immediately, using medium silk worm gut because it is smooth and can be boiled, and a large, heavy, full-curved needle with short, flat handle in one piece.

I seldom or never find it necessary to use mucous stitches, believing they only make more points for the decomposing lochia to enter the laceration.

In placing my sutures I keep the second finger of my left hand in the rectum for a guide, spread the laceration, mop out clots and ascertain how high it goes.

I enter my needle about one-eighth to one-quarter inch from edge of tear, direct it outward and around to pick up retracted muscles, carry it up to or a little beyond the highest point of tear, keeping it always buried if possible, and bring it out exactly opposite.

The effect of tying such a suture is to thicken the perineal body, and with one or two stitches placed similarly to close the lower angle of the wound usually gives a very excellent practical result. All suture ends are tied in a bunch, a pitcher douche of mild carbolyzed sterile water ordered after every urination and local cleansing bath. Union is usually very kind and complete. Sutures are removed from 8th to 10th day as convenient.

A very troublesome fracture, I have found, to keep in approximation until good bony union results, is that of the upper third of the femur, and especially so if the fracture is smoothly oblique. The best results I have found to follow the use of a long, tapering board splint from the arm pit to below the foot, adhesive plaster extension

with weight and three short thigh splints appropriately shaped and padded, and a somewhat large heaping pad outside the end of the one that covers the outriding, up-tilting proximal fragment. By snugly bandaging this pad down, keeping an eye on the line from the greater trochanter to the knee joint, and putting a wide board or folded quilt under the mattress at the buttock to keep that from sagging down and adding to your displacement, you will get a line union that you can scarcely discover in six months' time.

Plaster of paris, I do not approve of as a first dressing, unless it be immediately split to allow for possible swelling.

I am morally sure one man in this world is minus a good left leg above the knee because I delayed cutting open a primary cast applied by another physician, whose work I was doing temporarily. I did cut it open eventually, but the circulation had been damaged too greatly to allow of recovery, and gangrene set in, making amputation necessary as a means of saving his life.

Quite recently I have demonstrated the irritating character of calomel in acute albuminuric nephritis. Patient Mrs. H——, 26 years old, 3 para, history of limbs swelling at every pregnancy. Was taken four months after delivery with acute nephritis. After one week under another physician, I was placed in charge. Urine much diminished in quantity, acid, specific gravity 1024, and more than half albumen. She was getting elaterium grans 1-8 once or twice daily, and I added $\frac{1}{4}$ grs. calomel and soda to $1\frac{1}{2}$ grs. on two or three days; fourth day added lemon water and cereal gruel to her skimmed milk diet, on which the albumen contents had been diminishing. She changed and grew worse, albumen and oedema increased, appetite diminished and tongue became coated. I dropped all medicines except elaterium and compound jalap powder. Cut diet to the whey from junket curds

and plain water, and gave as much of a sweat as she could stand once daily. Under that treatment she has very, very slowly gained, until now the appetite is good, tongue clean, headaches and backaches gone, but some puffiness remains over the eyes and on the back, and the urine still contains a very large percentage of albumen.

She still is only getting the whey flavored with carbonated water, but if the kidneys steadily improve, will soon add junket twice daily. Milk, whole or skimmed, never seemed to digest so well as the junket.

In general I have parted company with milk as an article of diet in any high fever, or depressed or exhausted condition, it is not a liquid food. It becomes a solid food the moment it reaches the gastric juice, and more often proves a detriment than benefit. Whey, albumen water or lemonade, toast water, gelatine, beef tea, made by the open sauce pan method, and not the concentrated urea sold as beef-extract, constitute my main stay. The next things in order are strained wheaten gruel, water toast, various broths and strained soup, custards, puddings and coddled eggs.

An old preceptor of mine used to say, that a man was a fool to make all the mistakes himself, and not to profit by those of others. I am aware that with all of us, we try to forget our own mistakes, and hide them as much as possible, from others. But believing that by candidly admitting one's fallability and talking over with one's professional friends, those chances he has taken, that have not turned out as anticipated, we all may be benefited, I am going to relate some of my errors of judgment that have taught me to never make the same ones twice.

At one time a fellow-practitioner's

patient developed an excruciating pain in the right shoulder, which later drifted to the right abdomen; rigidity and distension became pronounced, vomiting occurred, temperature and pulse rose moderately. With no pulmonary signs to be found, I concurred in a diagnosis of urgent appendix trouble, which was further confirmed by a surgeon of considerable skill and repute. The family rebelled and surreptitiously called in another general practitioner, who on the following day, found right-sided consolidation, and gained great credit for knowing obscure cases of pneumonia from appendicitis.

The stertorous breathing, and rigid body of another patient, did not spell fracture of the neck or base of skull to me, and I gave a favorable prognosis from simple concussion. The patient died four days later.

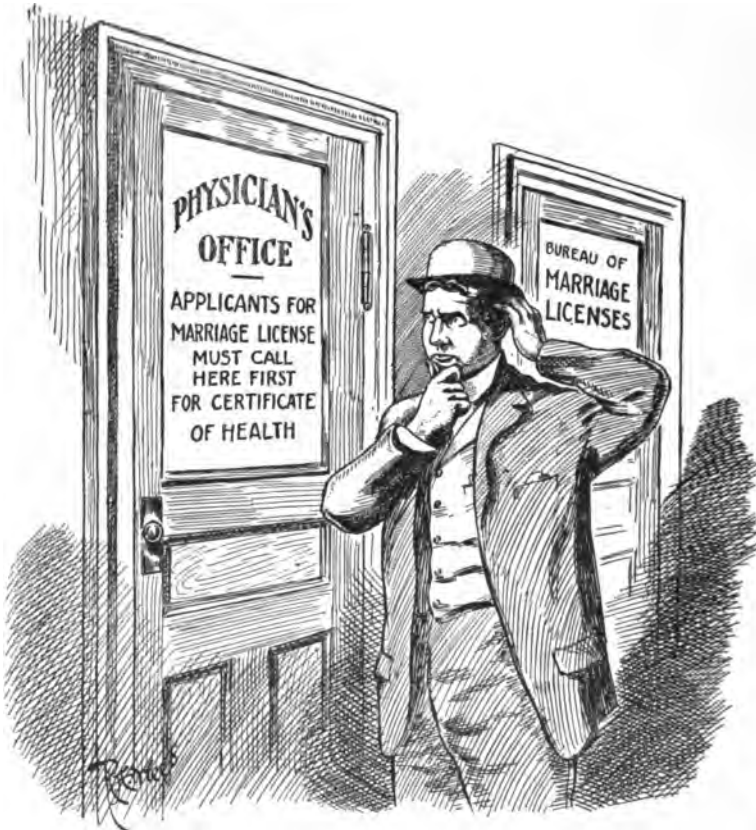
I have correctly diagnosed and brought to successful operation three cases of extra-uterine pregnancy, but severe pains in the left kidney region, with some temperature in a fleshy female with a history of cystic trouble led to a hasty diagnosis of, and treatment for, renal calculus. A catheterization with microscopical urinalysis, a proper regard for an irregular menstrual period, a rapid pulse and the use of abdominal percussion, would have uncovered a ruptured and bleeding ectopic pregnancy.

Failure to recognize the typical vomiting sign of acute strangulated hernia, when only omentum protruded from the external ring, and I could not palpate the strangulated gut, led me to diagnose foecal-impaction. The patient died from shock and a weak heart following operation, on the seventh day after the first acute onset.

DEPARTMENT OF EUGENICS

EUGENICS—The undersigned are engaged in a study of heredity of hare lip, cleft palate and associated malformations of the oral cavity. We solicit correspondence with physicians who can supply histories of families more than one member of which has an oral defect. Such data will be held as strictly confidential and will be used solely to aid in the solution of a problem which is not only of scientific but of humanitarian interest. C. B. Davenport and W. F. Blades, Eugenics Record Office, Cold Spring Harbor, Long Island, N. Y.

CERTIFICATE OF HEALTH BEFORE MARRIAGE.



MEMORIES THAT WILL NOT DOWN!—American Medicine, April, 1912.

THE CHILD WELFARE BUREAU.

The act creating the Child Welfare Bureau is now a law, having been signed by the President. The bureau will be a part of the Department of Commerce and Labor and its duties lay largely in the direction of educational lines.

The League of Medical Freedom are responsible for this new bureau being established in a department other than that of

the Public Health. Child Welfare is essentially a study of eugenics and physical training and the law specifically calls for investigation as to birth rate and infant mortality—the accidents and diseases of children and legislation affecting them in the several states. These are all health and eugenic problems, and as such should be dealt with by the Public Health Department.

PHYSICIAN'S APPROVAL TO PRECEDE MARRIAGE.

Dean Walter T. Sumner of the Cathedral of SS. Peter and Paul, Chicago, recently delivered a sermon upon the "Sacrament of Marriage," in which he takes advanced ground in regard to marital relations. His position will meet the hearty approbation of the medical profession. Dean Sumner issued the following edict:

"Beginning with Easter, no persons will be married at the cathedral unless they present a certificate of health from a reputable physician, to the effect that they are normal, physically and mentally, and have neither an incurable or communicable disease.

"This step is taken only after months of study of the situation and deliberation as to its advisability. It is believed that

this stand will meet with the immediate sympathy of the clergy in the church at large, all of whom have long felt the undesirability of being party to the marriage of persons who, because of their physical condition, should never be allowed to enter into the marriage state and propagate their species."

This is certainly a step in the right direction, and we sincerely hope to see Dean Sumner's excellent example emulated by others in church authority, and may his sane and sensible policy act as a stimulus to physicians and legislators to continue the good work by introducing and enacting stringent laws in every state, for the purpose of restricting the marriage of the unfit.—Charles Wood Fassett, in Medical Herald.

NOTIFICATION OF VENEREAL DISEASES IN NEW YORK CITY.

"As on the smooth expanse of crystal lakes
The sinking stone at first a circle makes;
The trembling surface by the motion stirr'd
Spreads in a second circle, then a third;
Wide, and more wide, the floating rings
advance,

Fill all the watery plain, and to the margin
dance."

Utah was the first state in the Union, in fact in this world of ours, to pass a law requiring the notification of venereal disease. The "Utah Plan" is making good—not only in Utah, but in other states. The latest to fall into line is New York City. Pope's lines on Expansion certainly apply in this matter, and having led out in the campaign which resulted in the "Utah Plan," we have a personal concern in watching the ever increasing interest which is being taken by those solicitous for the welfare of coming generations.

American Medicine quotes the following from Medical Press and Circular of April 3, 1912: To the ordinary mind venereal prophylaxis includes state regulation of prostitution, a measure which has been hastily condemned by moralists, and has met with so much opposition that one often fears that venereal disease will be allowed to spread without impediment, to the inconceivable detriment of the public health. It is an old rule in medicine that when we cannot treat the cause of a disease we can always treat the symptoms. In the case of venereal disease, the cause

is apparently at present beyond our power of control, but we may with profit limit its manifestations. To this end the early diagnosis and efficient treatment of all cases of venereal disease are essential, and just as important is the prevention of contagion. To carry out these aims with any prospect of success, notification is a necessary measure, and the Board of Health of New York City has taken action in a manner which should receive the careful attention of sanitarians in this country. It has been decided that those in charge of public institutions, such as hospitals, dispensaries, charitable and industrial institutions, including those which are supported in full or in part by voluntary contributions, shall report promptly to the Department of Health the name, sex, age, nationality, race, marital state and address of every patient under observation suffering from venereal disease. In addition, all physicians are requested to furnish similar information concerning private patients under their care, except that the name and address of the patient need not be reported. The Board of Health will undertake to make the necessary bacteriological examinations and tests for diagnosis, and to distribute curative sera, but only on condition that the data required for the registration of the case be furnished by the physician treating the patient. This is a step in the right direction, but we fear that it is in advance of what public opinion in this country will sanction.

MEDICAL NOTES AND ITEMS

SALT LAKE COUNTY MEDICAL SOCIETY.

A report of a very interesting meeting of this society, held April 8th, reached us too late for our last issue. Dr. F. S. Weiss, Medical Director of the Mutual Life Insurance Company, addressed the society on the subject of Blood Pressure and the use of the Sphygmomanometer in life insurance examinations. High blood pressure in 70 per cent of all cases examined, indicated nephritis.

A clinical case of echinococcus cyst of the liver was reported by Dr. A. J. Hosmer. He also reported a fracture of the anatomical neck of the humerus, and a case of epulis of the upper jaw. The paper of the evening, "Fracture of the Skull," was read by Dr. Ralph T. Richards. The subject was presented comprehensively and the conclusions reached were based on 15 autopsies. The subject was discussed by Drs. Root, Sharp, Baldwin and Hosmer. Drs. Claiborne J. Ferguson of Riverton and Joseph A. Phipps of Tooele, are recently elected members of the society.

A ZEALOT.

Dr. S. Grover Burnett in the Medical Herald writes: Dr. Wiley could not be made to fit into the Wilson, McCabe and Dunlap political schemes. When he refused to fit into the scheme of promoting manufacturing interests by violating all pure food laws by winking at and fostering adulterated food sales to the people; when he refused to passively smile in inactivity and feel his personal interests swelling up in the commercial prosperity under his tutorage; when he declined the scheme to turn his entire official abode over to the wailing calls from the shadows deep, the voices from the back shook the latch from the official front—and because Dr. Wiley did not scare and run out he is a zealot.

And then Congress investigated and exonerated Dr. Wiley of the "malicious and false attack made against him by Wilson, McCabe and Dunlap," and the President, with the ingratiating and smiling suavity of a diplomat, affirmed the findings and unctiously soothed the public irritation when he "announced that there would be a complete reorganization of the Department of Agriculture." This practically was a promise that Dr. Wiley should no longer be hampered in conducting his department and in enforcing the Pure Food Law; that Mc-

Cabe should no longer have the power to say when benzoate of soda was catsup under one firm's brand or when catsup was benzoate of soda under another firm's brand; that McCabe should no longer use Dr. Wiley's assistant, Dunlap, as the kitty's paw in his presto-change legal decisions as to which firm should be prosecuted or protected or vice versa, or anything "worse" than that. Like:

Snow, snow, beautiful snow
Why in Tophet don't you go?

That's where the promise went! That's what the people may expect in the future pure food dispensation as Dr. Wiley's successor will certainly have the gracious assurance of his ability to "fit into" the department work without discord. He need not be a zealot, therefore, all official exogenous fungoids will essentially gratitate to the Solicitor's department for wise disposal with no real inconvenience to the Chief's Associate. This simplification could not be achieved with Zealot Wiley in charge; he could not "be made to fit into any modern scheme" flavored with benzoate of soda. For the sake of right and personal peace Dr. Wiley resigned. The eagerness with which Secretary Wilson accepted his resignation, with the President's approval, is proof positive that the interests of the people in Pure Food and Public Health will never be more than commercial commodities in the hands of the present administration.

We are hoping that Dr. Wiley, now free and unfettered, may yield an influence for pure food laws and, eventually, a Department of Public Health that would not have been possible otherwise. His earnestness in his work for right and for the people makes him a zealot. We need more Wileys. His services to the people will be missed. But Wilson, McCabe, Dunlap and the St. Louis Times, these four, are not zealots; they could all "be made to fit into any modern scheme" about the size of a bubble in the sea and, in their sinking, the public gaze would never bat an eye.

INFECTION.

A baby smiled in its mother's face;

The mother caught it, and gave it then
To the baby's father—serious case—

Who carried it out to the other men;
And every one of them went straight away
Scattering sunshine thro' the day.

—American Journal of Clinical Medicine.

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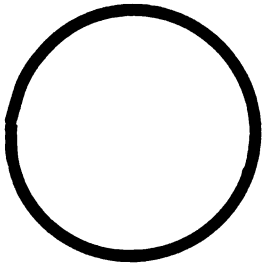


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Sample and Literature on Application

“the basic value of a remedy is the result which it produces.



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MISCELLANY

\$100 REWARD.

Louis Edmund Nevius disappeared from Los Angeles on the morning of September 11th, 1911, and nothing has been heard of him since.

Age 40 years; height 5 feet, 5 inches; weight about 135 pounds; light brown hair with a little grey on temples; blue grey eyes, wearing glasses with very strong lenses; small scar under left side of chin.

Any information regarding his whereabouts will be gratefully received by his wife. It is believed that Nevius disappeared from home while mentally unbalanced. A reward of \$100 will be paid for positive information as to his whereabouts. Address Mrs. L. E. Nevius, Room 509, 444 Broadway, Los Angeles, Cal., or any office of the Thiel Detective Service Co.

Army Medical Corps Examinations.—The surgeon general of the army announces that preliminary examinations for the appointment of first lieutenants in the army medical corps will be held on July 15, 1912, and September 3, 1912, at points to be hereafter designated.

Full information concerning these examinations can be procured upon application to the "Surgeon General, U. S. Army, Washington, D. C." The essential requirements to securing an invitation are that the applicant shall be a citizen of the United States, shall be between 22 and 30 years of age, a graduate of a medical school legally authorized to confer the degree of doctor of medicine, shall be of good moral character and habits, and shall have had at least one year's hospital training, after graduation. The examinations will be held concurrently throughout the country at points where boards can be convened. Due consideration will be given to localities from which applications are received, in order to lessen the traveling expenses of applicants as much as possible.

The examination in subjects of general education (mathematics, geography, history, general literature, and Latin) may be omitted in the case of applicants holding diplomas from reputable literary or scientific colleges, normal schools or high schools, or graduates of medical schools which require an entrance examination satisfactory to the faculty of the army medical school.

In order to perfect all necessary arrangements for the examination, applications must be complete and in possession of the adjutant general at least three weeks before the date of examination. Early attention is therefore enjoined upon all leading applicants. There are at present sixty-eight vacancies in the medical corps of the army.

The Harbor of Convalescence.—While the physician is always on the alert to meet and overcome any of the various complica-

tions or serious symptoms that threaten the patient during the acute stages of a severe constitutional illness, it is not infrequently the case that insufficient attention is given to the effort to hasten a return to normal health after the subsidence of the acute symptoms. The rocks and shoals of active disease have been successfully evaded and the medical pilot has brought his more or less damaged human craft into the peaceful harbor of convalescence. Unless the reparative and restorative forces of the organism are encouraged and fortified, a slow and retarded convalescence is apt to supervene. The essentially devitalizing influence of the morbid agent in typhoid, grippe, pneumonia, etc., is exerted primarily and principally upon the blood itself and a readily tolerable, promptly assimilable and thoroughly efficient hematinic, such as Pepto-Mangan (Gude), is always serviceable and valuable. As Pepto-Mangan (Gude) is palatable and non-irritant, it exercises no disturbing effect upon appetite or digestion—in fact it increases the desire for food and, by its general tonic action, assists in its absorption and assimilation. Its freedom from constipating effect also renders it especially suitable in the restorative treatment of the convalescent invalid.

Storm Binder—The Favorite of the Medical Profession.—We note with much pleasure the wonderful growth of the Storm Binder in the favor of the medical profession. From a comparatively small beginning but a few years ago the business has grown into a large and profitable one. Dr. Katherine L. Storm, the inventor and head of the concern, is to be congratulated on this success, which has been won through the worth of her binder and her fair dealing. Dr. Storm not only has the satisfaction of having built up a paying business, but she also has the greater satisfaction of having scores of grateful patients to whom her name is a synonym for relief and comfort. The testimony of the numbers whom she has helped in various conditions through the efficacy of her excellent binder and supporter means more to Dr. Storm than any other phase of her success. Probably no other binder on the market has to so great a degree the favor and confidence of the medical profession. The Journal rather especially rejoices in the success of this woman physician.—*Woman's Medical Journal*.

Functional Heart Diseases, including tachycardia, palpitation, arrhythmia and the conditions resulting from the use of coffee and tobacco, are promptly controlled and corrected by the use of Cactina Pillets. Safe and free from all ill-effects, the efficiency of Cactina is shown in the relief and benefit it affords.

The Safest and Most Efficient of Modern Hypnotics.—This distinction is now fairly unanimously accorded everywhere to Medinal, a readily soluble substance which can be administered by mouth, by rectum and subcutaneously, and is so quickly absorbed and so promptly eliminated from the organism that for rapid action and absence of cumulative by and after effects it has no equal. It is also an excellent sedative used with considerable success in the treatment of alcohol and drug addiction, as well as in psychiatric practice. Many of the largest hospitals, sanatoria and insane institutions have adopted Medinal permanently as a general hypnotic.

Cottonseed Oil contains no Disease Germs—Cottonseed Oil is more digestible than olive oil, corn oil, peanut oil, or beef suet, as shown by actual experiment.

Dr. George Brown, of Atlanta, Ga., President of the Anti-Tuberculosis League of America, is reported, officially, as being heartily in favor of the substitution of the pure Cottonseed Oil in emulsions, in place of Cod-Liver Oil. In his treatment of tuberculosis, where the emulsion was used, Dr. Brown found that where twenty-five out of one hundred persons could use Cod-Liver Oil emulsions, seventy-five out of one hundred could take the emulsion where Cottonseed Oil was used, it being that much more easily assimilated by the weakened digestive organs of the patient.

The cleanliness and the absolute purity and freedom from disease contamination, which obtain in the production of this oil, naturally appeals in a strikingly favorable manner.—The Tilden Company, New Lebanon, N. Y.

Hay Fever and Dunbar's Serum Therapy—Literature received from Fritzsche Brothers, New York, informs the medical profession that the serum treatment—Pollantin—is further presented to the medical profession in form of ointment. The authoritative commends of this form favor its use more especially in such case where the Pollantin powder or liquid may act as an irritant.

Look to the Bowel—"At least two-thirds of all sickness is due to the decomposition or fermentation of food-waste in the alimentary canal, as a result of which toxic bodies are formed that set up one disease-condition

or another, either locally, by irritating the mucosa, or remotely, through being absorbed into the blood-stream and then acting as direct poisons to every body tissue."

When we stop to think how many people over-eat and under-exercise in these strenuous days, it is easy to believe this.

Therefore, the advice, to "Clean Out—Clean Up—Keep Clean," is sound, and a host of doctors in the busy field of practice can coin it into results these spring days.

Right now it is more applicable than at any time, perhaps. For, during confinement and inactivity through a long winter, the body becomes surcharged with accumulating toxins, and we find people all around us complaining of "spring fever," which is a popular term for the auto-toxemic condition actually present.

A thorough cleaning out of the intestinal tract is what these people require, first of all. For this, nothing works so well as Abbott's Saline Laxative. A full dose (preferably early in the morning) empties the bowel of all bacteria-feeding, toxin-breeding waste, quickly and thoroughly.

The next step, especially in severe cases, when the feces harbors putrefactive bacteria in great numbers (indicated by vile-smelling stools) the sulphocarbolates should be given, in full dosage for three or four days. This will check putrefaction and clean up the bowel very effectually. The best formula we know of is Intestinal Antiseptic (W-A), in which the sulphocarbolates are combined with bismuth salicylate, etc.

Having by these means secured a sanitary bowel, and after waiting a few days for the elimination of the antiseptics, commence with a lactic ferment (Galactenzyme is the one to use), and give it for a prolonged period to keep the whole alimentary canal sanitary and to guard against relapses.

Follow along this line—look to the bowel—and you will make an impression that your patients will feel and appreciate.

Pituitrin in Difficult Parturition.—Much attention is being given by the medical press of Germany and other European countries to the importance of Pituitrin as an oxytocic. The drug has been somewhat extensively used perhaps, as a hemostatic and heart stimulant. Now it is known to be of great value in uterine inertia, obstetricians in many of the German hospitals and else-

where, who have thoroughly tested it clinically, pronouncing it a truly remarkable oxytocic.

For the benefit of practitioners who may not be familiar with its origin and nature, it may be explained that Pituitrin is an extract of the posterior or infundibular portion of the pituitary gland. Although the physiology of this gland is as yet largely speculative, there seems to be no doubt that it contains a substance or substances that exert a considerable influence over the metabolism and on the cardio-vascular system.

As bearing upon the value of Pituitrin in parturition, this expression from Dr. Emil Vogt, of the Royal Gynecological Clinic at Dresden, is significant:

"The oxytocic action of Pituitrin at this clinic was observed in over one hundred cases. After the rupture of the fetal membranes, in the second stage of labor, the physiologic effect of Pituitrin is the most pronounced; the contractions of the uterus follow each other much more rapidly and energetically, and the intervals between pains are decreased. Individually the pains are not more severe, so far as suffering is concerned, even in the case of sensitive women, than they would be in a normal delivery. In half of the cases the Pituitrin was administered in the second stage of labor. It failed only once; in all other instances its action was very pronounced. And although we encounter a great many cases of narrow pelvis in Dresden, from 40 to 50 per cent, it was not necessary to have recourse to forceps delivery in a single instance in which Pituitrin was employed. * * * According to our experience, Pituitrin is the ideal oxytocic."

Pituitrin is manufactured by Parke, Davis & Co. It is supplied in one-ounce bottles and in glass ampoules (for convenient hypodermic injection), each ampoule containing one cubic centimeter, or 16 minims, the usual dose.

Parke, Davis & Co. have just issued a pamphlet on Pituitrin as an oxytocic, in which is reprinted not only the extra from Dr. Vogt, which appears in this article, but also a number of others from prominent German specialists and practitioners in which Pituitrin is highly extolled as a corrective of uterine inertia. Physicians will do well to write the company, addressing

them at the home office in Detroit, for a copy of the pamphlet.

Digitalis, a Necessity.—Digitalis is one of the drugs with which the profession is unable to dispense. It is the sheet anchor to which we pin our faith in many heart affections and the instrument that enables us to tide over many a critical moment in acute disease. Unfortunately one cannot always place much reliance on the galenical preparations of the drug. Digitalis leaves vary in glucosidal content in different seasons, in the same crop, even in the same field. The country practitioner has great need for drugs that are reliable in composition and certain in effect. Aid is not always forthcoming and the absolute reliability of his armamentarium is a "sine qua non."

Digalen, manufactured by the Hoffmann-La Roche Chemical Works, has filled the breach. It is a sterile solution of digitoxin amorphous (Cloetta), suitable for administration by mouth, rectum, deep intramuscular or intravenous injection. Digitoxin is the most important of the glucosides of digitalis, the amorphous form being much less toxic than the crystalline. It has no irritating effect on the mucous membrane of the stomach and is practically free from cumulative effects, when used within the physiological dosage, 1 cc. (16 m.) represents 1-222 of a grain of digitoxin amorphous. The dose can therefore be "standardized" to each individual case once the physiological action is obtained. Owing to its exactitude of dosage it can safely be employed in the cardiac diseases of children. When given internally it should be administered on an empty stomach, and it should be remembered that in an acid condition of that organ the glucoside is very apt to be split up and become innocuous.

Digalen is indicated in pneumonia in the asthenic stage, when the heart needs supporting and the physician's chief anxiety is to keep the heart "going strong." Similarly in acute infectious fevers, in the tachycardia of exophthalmic goitre, loss of compensation following chronic endocarditis, as a diuretic in dropsy, and in any affection where it is necessary to tone up the heart muscle, Digalen will prove reliable and efficient. In chronic diseases in which hypoleucocytosis is present, the action of Diga-

len, in producing hyperleucocytosis in a marked manner, is worth remembering.

The average dose is 8 to 16 M. (1-2 to 1 cc.) 3 times a day. In chronic conditions the necessity of each individual case must be considered, after the physiological effect has been once established. The intravenous injection manifests its action within a few minutes. When given by the mouth the effect is much slower and takes 24 to 36 hours to obtain full effect, and this is an important fact to remember in treating acute affections.

Intestinal Antisepsis.—The problem of intestinal antisepsis again besets you more acutely than at other seasons of the year. You are often sorely puzzled in deciding upon what remedy you should actually prescribe for the many and varied conditions which call for such medication. Most of the intestinal antiseptics are irritating, objectionable in taste, and toxic. To be of any value they have to be exhibited in large doses, and then they generally become gastro-intestinal irritants and the pathological condition is rendered even worse by a further complication. In such conditions as infantile gastro-chronic, catarrhal and tubercular enteritis; in typhoid fever, chronic and subacute diarrhea; in fermentative dyspepsia, summer cholera, colitis, etc., a reliable, non-irritating and nontoxic antiseptic is obviously needed. A remedy which can be safely recommended for this purpose is Thiccol Roche, for unlike many other intestinal antiseptics, it does not irritate the most delicate stomach, and being freely soluble in water, its effectiveness is certain. Unlike all other intestinal antiseptics, it can safely be pushed to the point of saturating the system with gualacol. Its exhibition is followed by increased appetite and weight. It is not habit-forming, is non-toxic and palatable. Thiccol may be safely administered to children, as it is never followed by any untoward results. Drop a line to The Hoffmann-La Roche Chemical Works, 65 Fulton St., New York, asking them for the literature.

Rheumatism.—There are few diseases in which Iodia is more serviceable than rheum-

atism. In some of the chronic types, characterized by the depressing joint affections that make life a burden, Iodia will be found well-nigh specific. It relieves pain and soreness in a manner quite remarkable, and gives the patient more comfort than has been known for months. Likewise, many of the myalgic forms respond at once to Iodia, and lumbago usually clears up rapidly under its use. Iodia does not conflict with other anti-rheumatic remedies. On the contrary, it is a powerful synergist and greatly augments the action of the salicylates and similar remedies. Iodia should be given in two teaspoonful doses three or four times a day.

A COUNTY SUPERINTENDENT OF HEALTH.

Dr. F. E. Daniel in the Texas Medical Journal (Red Back), says, "Public sentiment is now forming for an efficient County Superintendent of Health to devote his whole time to the medical examination of rural school children and the conservation of the life and health of the people."

Abdominal Support Without Discomfort.—To many a patient, particularly if nervous and irritable, an abdominal bandage or binder that provides adequate support is a source of extreme discomfort. This refers to the usual binder. But through the use of the Storm Supporter all this annoyance is avoided, since it is so accurately adapted to the anatomy and shape of the mid-region of the body, that maximum support is afforded with minimum pressure and constriction. Indeed the unique feature of the Storm Binder is the frequency with which squeamish and fretful patients refer to the comfort it affords them. "I would never know I was wearing a band, but for the relief I obtain," says one. "The Binder fits and feels so good, it seems like part of my wearing apparel," says another. The advantage of all this in caring for obstetric and post-operative cases must be apparent. It goes far to account moreover for the remarkable success the Storm Binder has won among surgeons and obstetricians all over the country.—American Medicine,

Denver Medical Times

AND

Utah Medical Journal

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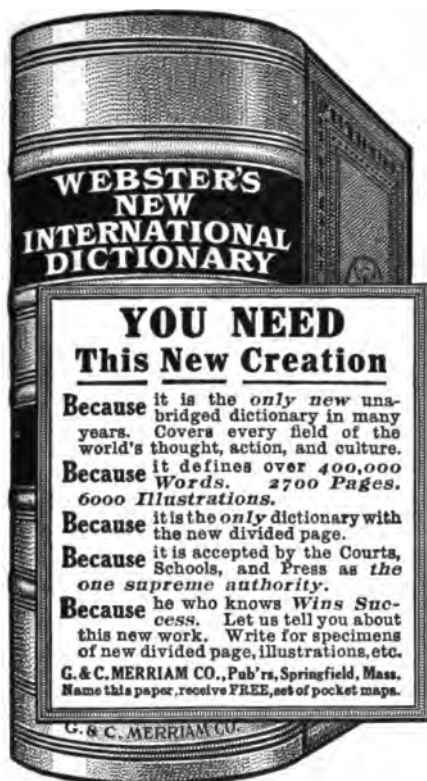
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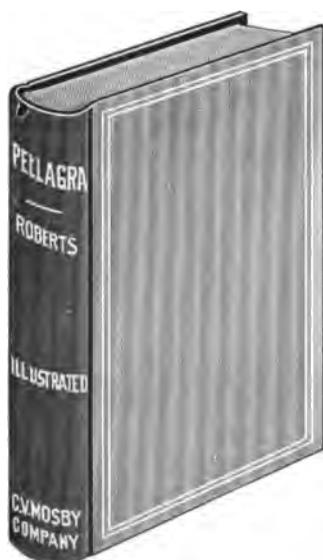
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